

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554**

In the Matter of)	
)	
)	
Request for Review by Yukon-Kuskokwim)	WCB Docket No. 02-60
Health Corporation of Decision of Universal)	
Services Administrator)	
)	
HCP 10174, 10175, 10177, 10179, 10181,)	
10182, 10183, 10184, 10185, 10188, 10189,)	
10190, 10191, 10193, 10195, 10197, 10199)	
10200, 10201, 10203, 10204, 10205, 10206)	
10208, 10209, 10210, 10211, 10212, 10213)	
10214, 10216, 10218, 10219, 10222, 10223)	

REQUEST FOR REVIEW BY YUKON-KUSKOKWIM-HEALTH CORPORATION

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August 23, 2010

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EXECUTIVE SUMMARY

On June 25, 2010, USAC issued funding commitment decisions denying portions of certain YKHC funding requests. The denied funding requests in the aggregate totaled approximately \$1.58 million. USAC's failure to fund these requests was in error because it failed to take into account that the funding sought supported services reasonably related to the provision of health care in YKHC facilities.

YKHC is a rural health care provider that supports nearly 50 rural communities comprised principally of Alaska Natives who reside in some of the most rural and remote portions of southwest Alaska. YKHC facilities generally provide the only health care service options available for the individuals who live in areas served by YKHC, which are mostly roadless and unconnected to other parts of the state. YKHC's ability to serve patients in the most rural, remote, and sparsely populated portions of southwest Alaska relies on the use of telemedicine, which, in turn, depends on broadband connectivity and advanced technologies such as medical telemetry, digital medical and dental imaging, and high definition video conferencing.

In 2008 and early 2009, YKHC completed a multi-year project to develop a reliable terrestrial network capable of delivering high-bandwidth services so YKHC could provide quality telemedicine throughout southwest Alaska. This project included the deployment of high-capacity circuits by YKHC's telecommunications service provider, GCI Communication Corp. ("GCI"), as well as the installation of HD video teleconferencing ("VTC") equipment that relied on such bandwidth. The bandwidth provided by GCI was eligible for support under the Universal Service Fund Rural Health Care Program, but YKHC received support for only a portion of that bandwidth from USAC. Specifically, USAC issued funding commitment letters that denied support for some of the bandwidth that was in place in specified YKHC facilities

prior to the installation of VTC equipment in those facilities. USAC's rationale, presumably, was that it could not provide support for bandwidth that was not immediately utilized for VTC purposes. But this determination ignores the fact that, during the period in question, the installed bandwidth supported other health care needs; that network testing had to be completed prior to installation of VTC equipment; and that YKHC took reasonable and appropriate steps to provision both bandwidth and VTC equipment to its remote clinics as quickly and efficiently as possible in the face of challenges unique to the geography and topography of the Yukon-Kuskokwim Delta.

USAC's decision to withhold approximately \$1.58 million of funding threatens the ability of YKHC -- and presumably other rural health care providers -- to provide reliable, affordable and efficient health care services to remote and isolated parts of the country. For these reasons, YKHC respectfully requests that the Commission review USAC's decision and restore the funding that should have been issued.

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10214, 10216, 10218, 10219, 10222, 10223)	

REQUEST FOR REVIEW BY YUKON-KUSKOKWIM-HEALTH CORPORATION

The Yukon-Kuskokwim Health Corporation (“YKHC”) hereby respectfully requests that the Federal Communications Commission (“FCC” or “Commission”) review the decision of the Universal Services Administrative Company (“USAC” or “Administrator”) to deny eligible service funding for 36 YKHC facilities.

I. INTRODUCTION & BACKGROUND

On June 25, 2010, USAC issued funding commitment decisions denying portions of certain YKHC funding requests. *See* Attachment A (summary of USAC funding decisions) and Attachment B (USAC 2009 funding commitment letters). The denied funding requests in the aggregate totaled approximately \$1.58 million, a substantial sum for a rural health care provider such as YKHC. As explained more fully below, USAC’s failure to fund these requests was in error because it failed to take into account that the funding sought supported services reasonably related to the provision of health care in YKHC facilities.

YKHC is a rural health care provider that supports nearly 50 rural communities comprised principally of Alaska Natives who reside in some of the most rural and remote portions of southwest Alaska. YKHC's services include health promotion and disease prevention programs, dental services, behavioral health services, including psychiatric and substance abuse counseling and treatment, ophthalmological care, and environmental health services. In almost all cases, YKHC facilities provide the only health care service options available for the individuals who live in areas served by YKHC, which are mostly roadless and unconnected to other parts of the state.

To serve these remote communities, YKHC's organization includes a regional hospital, Subregional Clinics, and local community-based clinics, which YKHC refers to as "Village Clinics." YKHC's ability to serve patients in the most rural, remote, and sparsely populated portions of southwest Alaska relies on the use of telemedicine, which, in turn, depends on broadband connectivity and advanced technologies such as medical telemetry, digital medical and dental imaging, and high definition video conferencing.

In 2008 and early 2009, YKHC completed a multi-year project to develop a reliable terrestrial network capable of delivering high-bandwidth services so YKHC could provide quality telemedicine throughout southwest Alaska. This project had many components, including the deployment of high-capacity circuits by YKHC's telecommunications service provider, GCI Communication Corp. ("GCI"), as well as the installation of HD video teleconferencing ("VTC") equipment that relied on such telecommunications capacity, or "bandwidth."

The bandwidth provided by GCI was eligible for support under the Universal Service Fund Rural Health Care Program, but YKHC received support for only a portion of that

bandwidth from USAC. Specifically, on June 25, 2010, USAC issued funding commitment letters that denied support for some of the bandwidth that was in place in specified YKHC facilities prior to the installation of VTC equipment in those facilities. USAC's rationale, presumably, was that it could not provide support for bandwidth that was not immediately utilized for VTC purposes. But this determination ignores the fact that, during the period in question, the installed bandwidth supported other health care needs; that network testing had to be completed prior to installation of VTC equipment; and that YKHC took reasonable and appropriate steps to provision both bandwidth and VTC equipment to its remote clinics as quickly and efficiently as possible in the face of challenges unique to the geography and topography of the Yukon-Kuskokwim Delta.

USAC's decision to withhold approximately \$1.58 million of funding threatens the ability of YKHC -- and presumably other rural health care providers -- to provide reliable, affordable and efficient health care services to remote and isolated parts of the country. For these reasons, each of which is described more fully below, YKHC respectfully requests that, pursuant to 47 C.F.R. § 54.723, the Commission review USAC's decision and restore the funding that should have been issued.

II. DISCUSSION

In support of this request, and pursuant to the requirements of 47 C.F.R. § 54.721(b), YKHC hereby states the following:

A. Statement of Interest

As the beneficiary of, and applicant for, the denied funding, YKHC is qualified to file this appeal as a “person aggrieved by an action taken by a division of the Administrator.” *See* 42 C.F.R. § 54.719(c).

B. Statement of Facts

YKHC provides rural health care to 47 rural communities, where it typically provides the only health care service options available for the individuals who reside in those communities. In order to effectively meet the health care needs of the residents in the Yukon-Kuskokwim Delta, YKHC must rely on telemedicine and advanced technologies such as medical telemetry, digital medical and dental imaging, and high definition video conferencing. *See* Attachment M at 1 (YKHC Response of Oct. 30, 2009, to USAC Request for Information).

In 2007, YKHC embarked on an ambitious program to upgrade and expand its technology and the use of telemedicine to preserve and expand the high quality of medical care provided to its patients. *See id.* at 4. This effort was consistent with and specifically supported by FCC policy.¹ Specifically, YKHC’s upgrade and expansion program sought to provide the

¹ *See In re Rural Health Care Support Mechanism*, WC Docket No. 02-60, Notice of Proposed Rulemaking, FCC 10-125, para. 2 (July 15, 2010) (“[G]reater broadband connectivity has the potential to revolutionize health care delivery by providing access to state-of-the-art Health IT solutions to over 12,000 hospitals and clinics across the nation. Greater use of broadband will allow patients in medically underserved communities to receive health care locally and have access to state-of-the-art diagnostic tools typically available only in the largest and most sophisticated medical centers.”). *Joint Statement on Broadband*, GN Docket No. 10-66, Joint Statement on Broadband, 25 FCC Rcd. 3420, para. 3 (Mar. 16, 2010) (emphasizing the (continued...))

individuals and communities of southwest Alaska the benefits of recent advances through the installation and use of Alaska Federal Health Care Access Network (AFHCAN) telemedicine carts and high-definition VTC equipment to transmit and receive medical information and facilitate telepsychiatry service. *See* Attachment E at 1 (YKHC Response of April 9, 2010, to USAC Request for Information). These services enable YKHC to provide patients who reside in the most remote portions of southwest Alaska the full range of resources in the YKHC network for their medical needs. *Id.* at 1-2; *see also id.* (Declaration of Karen Jackman at ¶ 4, appended to YKHC Response of April 9, 2010, to USAC Request for Information).

YKHC came to understand that the success of its upgrade could be realized only with additional and more reliable bandwidth and network services. In particular, its then-contracted bandwidth capabilities of 1.5 Mbps downstream and 512 Kbps upstream for all clinics were insufficient to accommodate YKHC's planned use of telemedicine AFHCAN carts, high-definition VTC equipment, and its administrative functions, including the use of high-speed Internet access, electronic medical records, e-mail, VoIP telephony services and remote management support functionality, all of which today are critical to the day-to-day patient care and operation of YKHC's health facilities. *See* Attachment M at 2.

On August 12, 2008, YKHC entered into a service provider agreement with GCI, which provided that GCI would invest in developing a reliable, terrestrial network capable of delivering high-bandwidth, symmetric broadband services to all YKHC locations and deliver those

importance of "ubiquitous and affordable broadband" to health care delivery); *Connecting America: The National Broadband Plan* at 200 (Mar. 16, 2010) (emphasizing the importance of ensuring "sufficient connectivity for health care delivery locations"); *Universal Service Administrative Company Report to the FCC: Evaluation of the Rural Health Care Program*, CC Docket Nos. 96-45 and 97-21, 14 FCC Rcd. 5163, para. 1 (March 17, 1999) (noting that Telecommunications Act of 1996 enacted program to provide rural Americans, through advanced telecommunications services, "affordable access to quality health care").

services. The circuit start dates under that Agreement generally ranged from August to November 2008. Following GCI and YKHC circuit testing, the VTC equipment was installed in YKHC's main hospital, in the McCann Treatment Center, and in the Bethel Community Health Services facility, each of which is located in Bethel, Alaska, by employees of YKHC's Information Technology department.

At the time YKHC entered into its Agreement with GCI, it already had secured a \$500,000 matching grant from the Department of Agriculture's Rural Utilities Service ("RUS") to aid in the purchase of VTC equipment. *See* Attachment M at 2. YKHC's earliest purchase of VTC equipment was on May 5, 2008. *See* Attachment O at 2 (YKHC Response of May 4, 2009, to USAC Request for Information). YKHC ordinarily would rely on the services of an affiliate to install such equipment. However, RUS warned YKHC that the terms of its matching grant prohibited grant funds to be used to pay an affiliate for installation. YKHC explored whether it could use a portion of the grant to fund installation through external providers and learned that the cost of doing so would total more than \$100,000. If YKHC had used grant monies for such installation, it would have been in the untenable position of not being able to furnish VTC equipment for all the Village Clinics. YKHC had not budgeted for this expense and did not have additional funds available at the time to pay for the installation costs at its Subregional and Village Clinics, which are scattered in remote regions of the Yukon-Kuskokwim Delta. *See* Attachment M at 5. The onset of winter in this remote region of rural Alaska further complicated the options available to YKHC at that time, as the weather alone sometimes can limit or restrict the ability to travel even short distances in that portion of the state. *Id.* at 5, 10.

Fortunately, in early 2009, YKHC was able to recruit the resources of the U.S. Marine Corps, which had technical personnel in the Yukon-Kuskokwim region during Operation Arctic

Care 2009, to complete the installations in the Village Clinics.² It was during that period that the VTC equipment was installed by the U.S. Marine Corps at only minimal cost to YKHC. *Id.* at 5, 10. Even with this unanticipated delay, the average period between the contract start date and the VTC equipment installation dates was 85 days. Notably, although the VTC equipment was not installed in the Village Clinics until early 2009, those Clinics nevertheless were using the circuits for other purposes -- such as for VoIP telephone service, e-mail, Internet connectivity, and other telemedicine activities -- beginning on the circuit acceptance dates. *Id.* at 10.

YKHC received Requests for Information from USAC on April 14, 2009, July 31, 2009, and May 19, 2010, with respect to a number of different issues. Based on the information that YKHC provided to USAC, all of these issues have been resolved in YKHC's favor except with respect to the issue of the delay in VTC equipment installation at some locations. While USAC has committed to funding a single 1.5 Mbps circuit as of the circuit start date for each facility, USAC has denied funding for any additional bandwidth for the period prior to when VTC equipment was installed at the facility. USAC denied bandwidth support for the difference between 1.5 Mbps circuits and the installed circuits of 3 Mbps in the Village Clinics and 5 Mbps in the Subregional Clinics. The funds withheld by USAC total approximately \$1.58 million -- a substantial sum for an entity such as YKHC.

C. Question Presented

² Operation Arctic Care is an annual "medical readiness training exercise designed to simulate military and civilian joint medical outreach operations in times of crisis, conflict or disaster." See Margaret J. Moonin, Alaska National Guard, *Alaska Army Guardsmen assist with Arctic Care 2009* (Mar. 19, 2009), <http://www.ng.mil/news/archives/2009/03/032309-Alaska.aspx>.

Whether prior to the installation of VTC equipment, the provision of additional bandwidth to YKHC facilities through bandwidth in excess of 1.5 Mbps was “reasonably relate[d] to the health care needs of the facilit[ies].” *See* 47 C.F.R. § 54.621.

D. Relief Sought

For reasons explained more fully below, YKHC respectfully requests that Commission reverse the portion of USAC’s denial of funding commitment and provide YKHC with the full funding commitment sought.

As an initial matter, in each and every location, the circuits were used for a range of supported services other than telepsychiatry (which required functioning VTC equipment) beginning on the circuit start dates. These supported services included the transmission of images and data through AFHCAN telemedicine carts, access to hospital information systems and other clinical systems, and daily functions such as e-mail, Internet access, VoIP telephony services, and remote management and support functionality. *See* Attachment M at 2. It is worth noting that the extent of bandwidth sought and secured by YKHC for these services -- 3 Mbps for village clinics and 5 Mbps for subregional clinics -- is well below the Commission’s estimates of rural health care provider needs. *See National Broadband Plan: Connecting America*, Ex. 10-C (2010) (indicating that a health center with less than five physicians would require 10 Mbps and a single physician practice typically requires 4 Mbps). The FCC reached this conclusion after securing the input of numerous parties, including entities representing rural health care interests, and after conducting an extensive analysis of bandwidth capabilities and needs across the U.S. The FCC’s analysis and YKHC’s real world experience provide the clearest indications of rural health care provider needs, and YKHC assessed and sought to address its needs responsibly here.

Moreover, to the extent that there was some delay between the circuit start date and VTC equipment installation, it was a reasonable and unavoidable outgrowth of the unique challenges inherent in serving the health care needs of the Yukon-Kuskokwim Delta. YKHC was coordinating a schedule of VTC installations and circuit start dates for over 30 facilities in a part of the country where weather and resources are moving targets. Bad weather and variable transportation and technical resource availability often make precise scheduling impossible. *Id.* at 5, 10. Indeed, in its proposal to YKHC, GCI warned of the additional challenges posed by the onset of winter, noting that “[t]here are a number of potential service delivery constraints that may affect the deployment of these services, should the timeline shift into the winter.” *See* Attachment Q at 44 (GCI’s May 7, 2008 Proposal for YKHC Telecommunication Services). There was no way to predict when the weather would permit unencumbered travel to the remote Village Clinics, and the weather would have presented an especially significant obstacle for those facilities where construction was required by GCI to substitute terrestrial delivery of services for the existing satellite-served operations.

The need for flexibility in scheduling circuit and equipment installation also was driven by a scarcity of resources in the Yukon-Kuskokwim Delta for this type of project. This is a part of the country where, in order to achieve its objectives, YKHC ultimately had to *rely on the U.S. Marine Corps* while it was undertaking a special operation in the region.

Travel among the Village Clinics typically requires chartered aircraft. Under these circumstances, to have foreclosed YKHC and GCI from activating the circuits in question until after VTC equipment was installed would have added a variable that might have jeopardized the timetable for the entire project -- and thus the timetable for delivering effective health care services to the people of the Yukon-Kuskokwim Delta.

The window of opportunity -- narrowed by weather and resource limitations -- was further narrowed by the need for circuit testing prior to VTC equipment installation. Circuits must be installed in advance -- that is, before the VTC equipment is installed -- to allow sufficient testing of a circuit to confirm that it is capable of accommodating VTC transmissions. GCI's May 7, 2008, proposal made this point, noting that even after it installed and started the YKHC circuits, it was necessary for YKHC to perform customer acceptance testing to ensure that "the services delivered . . . provide the anticipated quality levels." *See* Attachment Q at 42. Further, inevitable travel delays in rural Alaska require that initial testing is commenced further in advance of the use date than would be required at less remote locations. Accordingly, although testing typically can be performed in a relatively short period of time, some period of delay between the circuit start date and the VTC installation date at YKHC facilities was unavoidable.

By denying funding for any period of time prior to the VTC equipment installation, USAC's funding commitment has deemed even a single day of delay unreasonable. Further, USAC has denied YKHC funding even for those facilities in which the delay between the circuit start date and VTC equipment installation was brief. *See* Attachment B (Letter for Funding Request No. 45689, Toksook Bay Clinic) (denying funding between August 16, 2008 circuit start date and September 26, 2008 VTC equipment installation).

USAC's failure to appreciate that some delay is unavoidable even under the best of circumstances threatens the ability of rural health care providers to receive the support necessary for them to provision high speed bandwidth to rural areas. Additionally, USAC erred by ignoring that the installation of the circuits as scheduled rendered them not only available for a range of other supported services, but also tested and "ready to go" for installation of VTC

equipment as soon as weather and resource challenges permitted that to occur. The U.S. Marine Corps was able to assist in the installation of the equipment for a short window of time that coincided with the presence of its engineers in southwest Alaska for a military operation. YKHC might have missed that window of opportunity had the circuits not been tested and “ready to go” for the installation of equipment.

Although YKHC would have preferred the VTC equipment to have been in place from the moment that circuits were installed and bandwidth provisioned to YKHC facilities, the specific circumstances discussed above demonstrate that this was not possible. There can be no dispute that the unfunded bandwidth was in service of YKHC’s core mission of providing reliable, affordable and efficient health care services to the residents of the Yukon-Kuskokwim Delta. It therefore was – and remains – “reasonable relate[d]” to the healthcare needs of southwest Alaska. *See* 47 C.F.R. § 54.621. Accordingly, YKHC respectfully requests that Commission reverse the Administrator’s funding commitment and provide for the full funding commitment sought by YKHC.

III. CONCLUSION

YKHC respectfully seeks funding in connection with its efforts ensure that individuals who reside in rural and remote parts of southwest Alaska have access to high quality health care that includes a range of health care services, including health promotion and disease prevention programs, dental services, behavioral health services, opthalmological care, and environmental health services. Relying in part on telemedicine, YKHC is able to deliver health care services to nearly 50 communities throughout southwest Alaska that otherwise lack meaningful health care options. In 2008, YKHC provisioned bandwidth to its facilities to enhance its telemedicine offerings, but USAC funded only a portion of this bandwidth. USAC’s decision not to provide

the full funding commitment sought by YKHC ignores the unique challenges YKHC faced in provisioning bandwidth, VTC equipment, and other advanced technologies to its remote clinics and that YKHC took reasonable steps to ensure that the components of its upgrade were undertaken and completed as quickly and efficiently as possible. YKHC respectfully requests that the Commission reverse USAC's funding commitment and provide for the full funding commitment sought by YKHC.

Respectfully submitted,

/s/ Yaron Dori
Counsel for Yukon-Kuskokwim Health Corporation

By: Yaron Dori
Elizabeth H. Canter
COVINGTON & BURLING LLP
1201 Pennsylvania Avenue, N.W.
Washington, DC 20004-2401
(202) 662-6000

August 23, 2010

CERTIFICATE OF SERVICE

I, Joy Barksdale, certify that on this 23rd day of August, 2010, I caused a copy of the foregoing Request for Review to be served by first-class mail, postage pre-paid upon:

Rural Healthcare Division of USAC
2000 L. Street, NW
Suite 200
Washington, DC 20036

/s/ Joy M. Barksdale

Joy M. Barksdale

TABLE OF ATTACHMENTS[‡]

Summary of USAC Funding Decisions.....	A
USAC Funding Commitment Letters For Funding Year 2008-2009 Subject to Review	B
YKHC June 21, 2010, Letter to USAC.....	C
GCI Response of May 5, 2010, to USAC Verbal Request for Information	D
YKHC Response of Apr. 9, 2010, to USAC Request for Information of Mar. 19, 2010	E
USAC Request for Information of Mar. 19, 2010, to YKHC.....	F
GCI Response of Apr. 2, 2010, to USAC Request for Information of Mar. 19, 2010	G
USAC Request for Information of Mar. 19, 2010, to GCI	H
GCI Response of Mar. 4, 2010, to USAC Request for Information of Feb. 19, 2010.....	I
USAC Request for Information of Feb. 19, 2010 to GCI.....	J
GCI Response of Dec. 23, 2009, to USAC Request for Information of Nov. 13, 2009	K
USAC Request for Information of Nov. 13, 2009, to GCI	L
YKHC Response of Oct. 30, 2009, to USAC Request for Information of Jul. 31, 2009	M
USAC Request for Information of Jul. 31, 2009, to YKHC.....	N
YKHC Response of May 4, 2009, to USAC Request for Information of Apr. 14, 2009	O
USAC Request for Information of Apr. 14, 2009, to YKHC	P
GCI's May 7, 2008, Proposal for YKHC Telecommunication Services	Q
USAC June 24, 2010, Funding Year 2008 Funding Commitment Letter	R

[‡] In the interest of administrative efficiency, informal e-mail exchanges and the attachments that accompanied YKHC's and GCI's formal submissions to USAC that are not material or relevant to this Request for Review are incorporated by reference rather than included here. These materials can be provided upon request.

ATTACHMENT A

SUMMARY OF VTC INSTALL DATES, CIRCUIT START DATES, AND DENIED FUNDING

VTC EQUIPMENT	SITE	DATE OF VTC INSTALLATION	CIRCUIT START DATE (3 or 5 MBPS)	SUM OF DENIED FUNDING
2-Tandburg Edge 95 end-points	Aniak Sub Region Clinic	9/16/2008	8/16/2008	\$ 29,264.31
2-Tandburg Edge 95 end-points	Hooper Bay Sub Region Clinic	6/5/2009	11/13/2008	\$ 193,087.07
2-Tandburg Edge 95 end-points	St. Mary's Sub Region Clinic	9/23/2008	8/16/2008	\$ 35,863.12
2-Tandburg Edge 95 end-points	Toksook Bay Sub Region Clinic	9/26/2008	8/16/2008	\$ 38,732.18
1-Tandburg Edge 95 end-point	Akiachak Village Clinic	2/2/2009	10/17/2008	\$ 3,562.24
1-Tandburg Edge 95 end-point	Akiak Village Clinic	1/22/2009	8/23/2008	\$ 61,168.28
1-Tandburg Edge 95 end-point	Alakanuk Village Clinic	1/26/2009	11/11/2008	\$ 30,522.59
1-Tandburg Edge 95 end-point	Atmautluak Village Clinic	1/21/2009	10/22/2008	\$ 3,561.03
1-Tandburg Edge 95 end-point	Chefornak Village Clinic	1/26/2009	8/16/2008	\$ 65,598.97
1-Tandburg Edge 95 end-point	Chevak Village Clinic	1/28/2009	11/11/2008	\$ 31,261.04
1-Tandburg Edge 95 end-point	Eek Village Clinic	1/20/2009	8/16/2008	\$ 63,137.47
1-Tandburg Edge 95 end-point	Grayling Village Clinic	1/19/2009	11/18/2008	\$ 15,941.31
1-Tandburg Edge 95 end-point	Kasigluk Village Clinic	1/20/2009	10/22/2008	\$ 4,389.14
1-Tandburg Edge 95 end-point	Kipnuk Village Clinic	1/26/2009	8/16/2008	\$ 65,598.97
1-Tandburg Edge 95 end-point	Kongiganak Village Clinic	1/28/2009	8/16/2008	\$ 66,337.42
1-Tandburg Edge 95 end-point	Kotlik Village Clinic	1/26/2009	11/11/2008	\$ 19,668.88
1-Tandburg Edge 95 end-point	Kwethluk Village Clinic	1/22/2009	10/22/2008	\$ 2,811.00
1-Tandburg Edge 95 end-point	Kwigillingok Village Clinic	1/28/2009	8/16/2008	\$ 66,337.42
1-Tandburg Edge 95 end-point	Marshall Village Clinic	1/19/2009	8/16/2008	\$ 62,768.25
1-Tandburg Edge 95 end-point	Mekoryuk Village Clinic	1/29/2009	9/8/2008	\$ 53,291.47
1-Tandburg Edge 95 end-point	Mountain Village Clinic	1/26/2009	8/16/2008	\$ 65,598.97

VTC EQUIPMENT	SITE	DATE OF VTC INSTALLATION	CIRCUIT START DATE (3 or 5 MBPS)	SUM OF DENIED FUNDING
1-Tandburg Edge 95 end-point	Napaskiak Village Clinic	1/19/2009	10/21/2008	\$ 2,197.50
1-Tandburg Edge 95 end-point	Newtok Village Clinic	1/30/2009	9/18/2008	\$ 53,783.77
1-Tandburg Edge 95 end-point	Nightmute Village Clinic	1/30/2009	8/16/2008	\$ 67,198.95
1-Tandburg Edge 95 end-point	Nunapitchuk Village Clinic	1/20/2009	11/4/2008	\$ 3,571.73
1-Tandburg Edge 95 end-point	Pilot Station Village Clinic	1/26/2009	10/17/2008	\$ 40,491.67
1-Tandburg Edge 95 end-point	Quinhagak Village Clinic	1/20/2009	6/16/2008	\$ 63,137.47
1-Tandburg Edge 95 end-point	Russian Mission Village Clinic	1/23/2009	10/18/2008	\$ 38,891.71
1-Tandburg Edge 95 end-point	Scammon Bay Village Clinic	2/2/2009	9/25/2008	\$ 52,553.02
1-Tandburg Edge 95 end-point	Shageluk Village Clinic	1/26/2009	11/20/2008	\$ 17,289.58
1-Tandburg Edge 95 end-point	Sheldon Point Village Clinic	1/26/2009	11/11/2008	\$ 30,522.59
1-Tandburg Edge 95 end-point	Tuluksak Village Clinic	1/22/2009	9/20/2008	\$ 50,214.60
1-Tandburg Edge 95 end-point	Tuntutuliak Village Clinic	1/22/2009	8/23/2008	\$ 61,168.28
1-Tandburg Edge 95 end-point	Tununak Village Clinic	2/2/2009	8/23/2008	\$ 65,598.98
1-Tandburg Edge 95 end-point	Upper Kalskag Village Clinic	1/22/2009	8/16/2008	\$ 63,999.00
TOTAL SUM:				\$1,589,119.98

ATTACHMENT B



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95576

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10214
HCP Contact Name: David P Hodges
HCP Name: Clara Morgan Sub-Regional Clinic
HCP Address: PO Box 269
Aniak, AK 99557

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	9/15/2008	1.02	\$0.00	\$12,221.50	\$12,465.93	45761

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

The FCC will not accept hand-delivered or messenger-delivered paper filings at its headquarters. They will be accepted only at the following address:

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Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Clara Morgan Sub-Regional Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95588

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10197
HCP Contact Name: David P Hodges
HCP Name: Hooper Bay Clinic
HCP Address: PO Box 49
Hooper Bay, AK 99604

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/13/2008	6/4/2009	6.73	\$0.00	\$12,221.50	\$82,250.69	45715

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- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

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Appeals

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1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
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Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

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236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Hooper Bay Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95563

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10182
HCP Contact Name: David P Hodges
HCP Name: John Afcan Memorial Clinic
HCP Address: PO Box 85
St. Mary's, AK 99658

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	9/22/2008	1.25	\$0.00	\$12,221.50	\$15,276.88	45675

To help you understand the information provided in this letter, the following definitions are provided:

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Next Steps

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1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
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7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
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Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

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Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, John Afcan Memorial Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95577

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10188
HCP Contact Name: David P Hodges
HCP Name: Toksook Bay Clinic
HCP Address: PO Box 37028
Toksook Bay, AK 99637

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	9/25/2008	1.35	\$0.00	\$12,221.50	\$16,499.02	45691

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

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Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Toksook Bay Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95572

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10211
HCP Contact Name: David P Hodges
HCP Name: Akiachak Native Community Clinic
HCP Address: General Delivery
Akiachak, AK 99551

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	10/17/2008	2/1/2009	3.52	\$0.00	\$926.00	\$3,259.52	45752

To help you understand the information provided in this letter, the following definitions are provided:

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
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Next Steps

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The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Akiachak Native Community Clinic



Universal Service Administrative Company

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

Rural Health Care Division

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95574

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10212
HCP Contact Name: David P Hodges
HCP Name: Edith Kawagley Memorial Clinic
HCP Address: PO Box 216
Akiak, AK 99552

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/23/2008	1/21/2009	4.97	\$0.00	\$12,221.50	\$60,740.85	45755

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC)—skipping Option A—explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

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Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Edith Kawagley Memorial Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95575

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10213
HCP Contact Name: David P Hodges
HCP Name: Alakanak Clinic
HCP Address: PO Box 167
Alakanak, AK 99554

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/11/2008	1/25/2009	2.48	\$0.00	\$12,221.50	\$30,309.33	45758

To help you understand the information provided in this letter, the following definitions are provided:

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- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
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- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

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The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

The FCC will not accept hand-delivered or messenger-delivered paper filings at its headquarters. They will be accepted only at the following address:

Federal Communications Commission
Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

For security purposes, hand-delivered or messenger-delivered documents will not be accepted if they are enclosed in an envelope. Any envelopes must be disposed of before entering the building. Hand deliveries must be held together with rubber bands or fasteners.

1

Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC web site. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Alakanak Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95551

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10216
HCP Contact Name: David P Hodges
HCP Name: Atmauthluk Clinic
HCP Address: PO Box 6588
Atmauthluk, AK 99559

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	10/22/2008	1/20/2009	2.97	\$0.00	\$1,113.00	\$3,305.61	45766

To help you understand the information provided in this letter, the following definitions are provided:

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
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Next Steps

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Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
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Office of the Secretary
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Room TW-A325
Washington, DC 20554

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Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Atmauthluk Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Shawler
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95553

Dear David Shawler:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10218
HCP Contact Name: David P Hodges
HCP Name: Cheformak Clinic
HCP Address: PO Box 17
Cheformak, AK 99561

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	1/25/2009	5.33	\$0.00	\$12,221.50	\$65,140.60	45775

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
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5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
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Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Chefnak Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95554

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10219
HCP Contact Name: David P Hodges
HCP Name: Chevak Clinic
HCP Address: General Delivery
Chevak, AK 99563

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/11/2008	1/27/2009	2.54	\$0.00	\$12,221.50	\$31,042.62	45778

To help you understand the information provided in this letter, the following definitions are provided:

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

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Phone: (800) 229-5476

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Chevak Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95583

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10193
HCP Contact Name: David P Hodges
HCP Name: Eek Clinic
HCP Address: PO Box 69
Eek, AK 99575

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	1/19/2009	5.13	\$0.00	\$12,221.50	\$62,696.30	45705

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

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9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

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Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Eek Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95586

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10195
HCP Contact Name: David P Hodges
HCP Name: Grayling Clinic
HCP Address: General Delivery
Grayling, AK 99590

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/18/2008	1/18/2009	2.01	\$0.00	\$7,845.00	\$15,768.45	45710

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Next Steps

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Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Grayling Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95589

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10200
HCP Contact Name: David P Hodges
HCP Name: Kasigluk Clinic
HCP Address: PO Box 99
Kasigluk, AK 99609

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	10/22/2008	1/19/2009	2.93	\$0.00	\$1,412.00	\$4,137.16	45723

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Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

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Office of the Secretary
445 12th Street, SW
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Washington, DC 20554

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Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Kasigluk Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 885
Parsippany, NJ 07054-0885

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95676

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10201
HCP Contact Name: David P Hodges
HCP Name: Kipnuk Clinic
HCP Address: PO Box 183
Kipnuk, AK 99614

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	1/25/2009	5.33	\$0.00	\$12,221.50	\$65,140.60	45726

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Kipnuk Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95561

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10203
HCP Contact Name: David P Hodges
HCP Name: Lillian E. Jimmy Memorial Clinic
HCP Address: PO Box 5089
Kongiganak, AK 99559

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	1/27/2009	5.39	\$0.00	\$12,221.50	\$65,873.89	45729

To help you understand the information provided in this letter, the following definitions are provided:

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

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The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

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Phone: (800) 229-5476

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Room TW-A325
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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Lillian E. Jimmy Memorial Clinic



Rural Health Care Division

30 Lankdex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95562

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 486 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10204
HCP Contact Name: David P Hodges
HCP Name: Kotlik Clinic
HCP Address: PO Box 20268
Kotlik, AK 99620

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/11/2008	1/25/2009	2.48	\$0.00	\$7,845.00	\$19,455.60	45732

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
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- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

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Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Kotlik Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 885
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95566

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10205
HCP Contact Name: David P Hodges
HCP Name: Sarah S. Nicholai Memorial Clinic
HCP Address: PO Box 69
Kwethluk, AK 99621

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	10/22/2008	1/21/2009	3	\$0.00	\$851.00	\$2,553.00	45735

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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

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2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
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5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
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Federal Communications Commission
Office of the Secretary
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Room TW-A325
Washington, DC 20554

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9300 East Hampton Drive
Capitol Heights, MD 20743
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Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Sarah S. Nicholai Memorial Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95567

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10206
HCP Contact Name: David P Hodges
HCP Name: Kwigillingok Clinic
HCP Address: General Delivery
Kwigillingok, AK 99622

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	1/27/2009	5.38	\$0.00	\$12,221.50	\$65,873.89	45738

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Next Steps

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Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

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Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Kwigillingok Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95569

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10208
HCP Contact Name: David P Hodges
HCP Name: Theresa Ella Memorial Clinic
HCP Address: PO Box 10
Marshall, AK 99585

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/18/2008	1/18/2009	5.1	\$0.00	\$12,221.50	\$62,329.65	45743

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Theresa Elia Memorial Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95570

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10209
HCP Contact Name: David P Hodges
HCP Name: Mekoryuk Clinic
HCP Address: PO Box 43
Mekoryuk, AK 99630

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	9/18/2008	1/28/2009	4.33	\$0.00	\$12,221.50	\$52,919.10	45746

To help you understand the information provided in this letter, the following definitions are provided:

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

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The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

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Rural Health Care Division of USAC
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Phone: (800) 229-5476

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3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
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445 12th Street, SW
Room TW-A325
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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Mekoryuk Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95571

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10210
HCP Contact Name: David P Hodges
HCP Name: Mountain Village Clinic
HCP Address: General Delivery
Mountain Village, AK 99632

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	1/25/2009	5.33	\$0.00	\$12,221.50	\$65,140.60	45749

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

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- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
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- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

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Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

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236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Mountain Village Clinic



Rural Health Care Division

30 Lanidax Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95555

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10222
HCP Contact Name: David P Hodges
HCP Name: Yago Clark Memorial Clinic
HCP Address: PO Box 6044
Napaskiak, AK 99559

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	10/21/2008	1/18/2009	2.93	\$0.00	\$864.00	\$1,945.52	45785

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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

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Rural Health Care Division of USAC
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Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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Room TW-A325
Washington, DC 20554

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Capitol Heights, MD 20743
(8 AM – 7PM ET)

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Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 485 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Yago Clark Memorial Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95557

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10223
HCP Contact Name: David P Hodges
HCP Name: Newtok Clinic
HCP Address: General Delivery
Newtok, AK 99559

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	9/18/2008	1/29/2009	4.37	\$0.00	\$12,221.50	\$53,407.96	45788

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Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
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5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Newtok Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95549

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10174
HCP Contact Name: David Hodges
HCP Name: Nightmute Clinic
HCP Address: PO Box 90011
Nightmute, AK 99690

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	1/29/2009	5.46	\$0.00	\$12,221.50	\$66,729.39	45656

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Nightmute Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 885
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 83434

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10174
HCP Contact Name: David Hodges
HCP Name: Nightmute Clinic
HCP Address: PO Box 90011
Nightmute, AK 99690

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 3000 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	1/30/2009	6/30/2009	5.06	\$0.00	\$24,529.00	\$124,116.74	45654

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
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Rural Health Care Division of USAC
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Phone: (800) 229-5476

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Nightmute Clinic



Rural Health Care Division

30 Landex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95550

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10175
HCP Contact Name: David P Hodges
HCP Name: Nunapitchuk
HCP Address: PO Box 50
Nunapitchuk, AK 99641

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/4/2008	1/19/2009	2.51	\$0.00	\$1,337.00	\$3,355.87	45659

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
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- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC)—skipping Option A—explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

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Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Nunapitchuk



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95552

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10177
HCP Contact Name: David P Hodges
HCP Name: Pilot Station Clinic
HCP Address: General Delivery
Pilot Station, AK 99650

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	10/17/2008	1/25/2009	3.29	\$0.00	\$12,221.50	\$40,208.74	45664

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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

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Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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Room TW-A325
Washington, DC 20554

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Capitol Heights, MD 20743
(8 AM – 7PM ET)

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Pilot Station Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95556

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10179
HCP Contact Name: David P Hodges
HCP Name: Quinhagak Clinic
HCP Address: PO Box 150
Quinhagak, AK 99655

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH00220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	1/19/2009	5.13	\$0.00	\$12,221.50	\$62,696.30	45669

To help you understand the information provided in this letter, the following definitions are provided:

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Next Steps

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Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

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Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Quinhagak Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 885
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95558

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10181
HCP Contact Name: David P Hodges
HCP Name: Russian Mission Clinic
HCP Address: General Delivery
Russian Mission, AK 99657

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	10/18/2008	1/22/2009	3.16	\$0.00	\$12,221.50	\$38,619.93	45672

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

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Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Russian Mission Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95565

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10183
HCP Contact Name: David P Hodges
HCP Name: Scammon Bay Clinic
HCP Address: PO Box 150
Scammon Bay, AK 99662

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	9/24/2008	2/1/2009	4.27	\$0.00	\$12,221.50	\$52,185.81	45678

To help you understand the information provided in this letter, the following definitions are provided:

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
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Next Steps

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The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the “parent” entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

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The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

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445 12th Street, SW
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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Scammon Bay Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95568

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10184
HCP Contact Name: David P Hodges
HCP Name: Shageluk Clinic
HCP Address: PO Box 54
Shageluk, AK 99665

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number:

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/20/2008	1/25/2009	2.18	\$0.00	\$7,845.00	\$17,102.10	45681

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

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9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Shageluk Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95573

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10185
HCP Contact Name: David P Hodges
HCP Name: Sheldon Point Clinic
HCP Address: General Delivery
Sheldon Point, AK 99666

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number:

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	11/11/2008	1/25/2009	2.48	\$0.00	\$12,221.50	\$30,309.33	45684

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Next Steps

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Sheldon Point Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95579

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10189
HCP Contact Name: David P Hodges
HCP Name: Tuluksak Clinic
HCP Address: PO Box 194
Tuluksak, AK 99679

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	9/19/2008	1/21/2009	4.08	\$0.00	\$12,221.50	\$49,863.72	45694

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Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
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Office of the Secretary
445 12th Street, SW
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Washington, DC 20554

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Tuluksak Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95580

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10190
HCP Contact Name: David P Hodges
HCP Name: Kathleen Daniel Memorial Hospital
HCP Address: General Delivery
Tuntutuliak, AK 99680

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/23/2008	1/21/2009	4.97	\$0.00	\$12,221.50	\$60,740.85	45697

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Kathleen Daniel Memorial Hospital



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95581

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10191
HCP Contact Name: David P Hodges
HCP Name: Tununak Clinic
HCP Address: PO Box 102
Tununak, AK 99681

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number:

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/23/2008	2/1/2009	5.33	\$0.00	\$12,221.50	\$65,140.59	45700

To help you understand the information provided in this letter, the following definitions are provided:

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- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
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Next Steps

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Washington, DC 20036
Phone: (800) 229-5476

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5 4 9

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Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Tununak Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95587

Dear David Hodges:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10199
HCP Contact Name: David P Hodges
HCP Name: Catherine Alexie Clinic
HCP Address: PO Box 9
Upper Kalskag, AK 99607

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	8/16/2008	1/21/2009	5.2	\$0.00	\$12,221.50	\$63,551.80	45720

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2008. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

The FCC will not accept hand-delivered or messenger-delivered paper filings at its headquarters. They will be accepted only at the following address:

Federal Communications Commission
Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

For security purposes, hand-delivered or messenger-delivered documents will not be accepted if they are enclosed in an envelope. Any envelopes must be disposed of before entering the building. Hand deliveries must be held together with rubber bands or fasteners.

Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC web site. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Catherine Alexie Clinic

ATTACHMENT C



YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

P.O. Box 528 • Bethel, Alaska 99559 • (907) 543-6601 • Fax (907) 543-6570

June 21, 2010

Via E-Mail

William England, Ph.D
Vice President, Rural Health Care Division
Universal Service Administrative Company
2000 L Street, N.W., Suite 200
Washington, D.C. 20036

Dear Dr. England:

It is the understanding of the Yukon-Kuskokwim Health Corporation (YKHC) that the Universal Service Administrative Company (USAC) expects to conclude shortly its assessment of YKHC's services contract with GCI Communication Corp (GCI), HC-218, for purposes of funding year 2008-2009.

YKHC appreciates the work USAC has performed thus far in connection with this assessment and submits this letter to reiterate its view that if USAC determines, as YKHC believes, that HC-218 qualifies for the full funding commitment sought during this period -- including for bandwidth to YKHC Subregional Clinics (SRCs) and Village Clinics to support video teleconferencing (VTC) services used in connection with telepsychiatry services to patients -- then that funding commitment should be calculated based on circuit start dates for the relevant SRC and Village Clinic locations rather than the dates on which the VTC equipment was installed in those locations.

There are a number of reasons to calculate the funding commitments in this manner. First, in each and every location, these circuits were used for a range of supported services other than telepsychiatry beginning on the circuit start dates. These other supported services included the transmission of images and data through AFHCAN telemedicine carts, access to hospital information systems and other clinical systems, and daily functions such as e-mail,

Internet access, VoIP telephony services, and remote management and support functionality. If USAC's funding commitment is not calculated based on the circuit start dates, then these services will not receive the support they clearly merit under applicable law. Furthermore, and as previously discussed in an earlier YKHC submission, it would not have made sense to install lower capacity circuits to these locations to accommodate these non-VTC services for temporary periods, only to have to replace them with higher capacity circuits a short time later to accommodate VTC transmissions. See "Response to USAC Request for Information," dated October 30, 2009, at 10. Doing so likely would have resulted in higher costs and, in light of the harsh and difficult climate in the Yukon-Kuskokwim Delta, delays in meeting YKHC's VTC bandwidth needs in its SRCs and Village Clinics.

A second reason why USAC's funding commitment should be calculated from the circuit start date is that, for those locations in which VTC equipment installations were planned, circuits had to be installed in advance -- that is, before the VTC equipment was installed -- to allow sufficient testing of the circuit to confirm that it would be capable of accommodating the VTC transmissions. In other words, the VTC equipment could be installed only *after* the circuits were installed, tested, and deemed ready; so some delay between the circuit start date and the VTC installation date was unavoidable.

Although testing typically can be performed in a relatively short period of time, a number of factors outside of YKHC's control prevented YKHC from installing the VTC equipment in certain locations as quickly as it would have preferred. These factors were described in an earlier YKHC submission and included financial and resource constraints, unpredictable weather, and the geographically dispersed nature of YKHC's SRCs and Village Clinics. See *id.* Indeed, YKHC ultimately had to rely on the services of the U.S. military to overcome these constraints, demonstrating that these constraints were not trivial or easily avoidable.

Although YKHC did what it could to get the VTC equipment installed as close as possible to the circuit start dates in the various SRC and Village Clinic locations, it would not have made sense to delay the circuit start dates in any of these locations until YKHC had confirmed VTC installation dates for them. This is because there was no way to predict when the weather would permit unencumbered travel to these remote locations to accommodate VTC equipment installation, or when the U.S. military was going to be in a position to assist with the installation process. Put simply, the circuits had to be installed, tested and "ready to go" so that when the weather cleared and the U.S. military was in a position to assist, the VTC equipment installations could occur right away.

YKHC appreciates the opportunity to provide USAC with this additional information. As USAC is aware, receipt of the full funding commitment is critical to YKHC's ability to fulfill its

core mission of providing reliable, affordable and efficient health care services to the residents of the Yukon-Kuskokwim Delta. YKHC therefore respectfully requests that the full funding commitment be issued forthwith.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'David Hodges', with a long, sweeping horizontal line extending to the right.

David Hodges
Chief Information Officer

cc: Yaron Dori, Covington & Burling LLP

ATTACHMENT D

From: John Nakahata
Sent: Wednesday, May 05, 2010 6:26 PM
To: Stefani Watterson
Cc: Martin Cary
Subject: Response to RHC inquiry re: YKHC

Stefani - I am providing the attached information in response to a request from Dr. England to Steve Walker of GCI. The attached information updates a chart previously provided by GCI to RHC.

With respect to this chart, we note that where the service end date is listed as "6/30/09", that is because of the end of the FY2008 fiscal year for which RHC requested information, and not because the service was actually discontinued.

We question the extent to which this information is necessary or relevant to the commitment determination that USAC must make. As YKHC stated in its October 30, 2009 response to RHC, YKHC began using these facilities for telecommunications reasonably related to the provision of healthcare services at or about the time the services were initiated. As you know, in some instances installation of VTC terminals lagged the start of service, but that did not affect the fact that services had been initiated and the services had begun to be utilized for supported purposes. These were not idle circuits and thus are fully eligible for support.

As YKHC also laid out in its October 30, 2009 response to RHC, the delays in installation were caused in part by YKHC funding issues, by the remoteness of these villages and by the onset of winter. These VTCs were ultimately installed with the assistance of the United States Marine Corps.

Moreover, as we have previously noted, the FCC has found that "rural health care providers are best able to determine what telecommunications services best meet their needs." 14 FCC Rcd 18756, 18770 para. 21 (1999). The FCC has also found that rules were not necessary to govern cost-effective service selection because of both the health care provider's self-certification and the fact that health care providers remain responsible for their portion of the service costs, such as the urban rate. 18 FCC Rcd 24546, 24575-6 para 58 (2003). This is especially the case when a health care provider is upgrading its equipment and increasing its demand in its network. There is no FCC rule or order precluding support in this situation. USAC should not penalize a service provider if some of the health care provider's equipment is delayed, provided that the health care provider is using the supported service for purposes reasonably related to the provision of healthcare services, as was the case here.

Please let me know if you have further questions.

John T. Nakahata
Wiltshire & Grannis LLP
1200 18th Street, NW Suite 1200
Washington, DC 20036
o-202.730.1320

m-202.415.1320

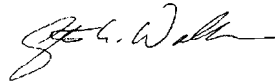
FY 2008

Number of BPSD Circuits
Regional Center (Hub)0
N/A

Start Date	End Date	Contract	Contract Term	HCP Number	Clinic Name	Circuit Type	Circuit Cost	Eligibility	Urban Rate	Discount	Out-of-Pocket	Annual		
												Months	Circuit Cost	Discount
6/6/2008	7/1/2011	HC-203	3		Yukon-Kuskokwim Health Corp	T1 PL	8,442.00	100%	198.30	8,243.70	198.30	12.00	101,304.00	98,924.40
6/6/2008	7/1/2011	HC-203	3		Yukon-Kuskokwim Health Corp	T1 PL	8,442.00	100%	198.30	8,243.70	198.30	12.00	101,304.00	98,924.40
6/6/2008	7/1/2011	HC-203	3		Yukon-Kuskokwim Health Corp	T1 PL	8,442.00	100%	198.30	8,243.70	198.30	12.00	101,304.00	98,924.40
6/6/2008	7/1/2011	HC-203	3		Yukon-Kuskokwim Health Corp	T1 PL	8,442.00	100%	198.30	8,243.70	198.30	12.00	101,304.00	98,924.40
6/6/2008	7/1/2011	HC-203	3		Yukon-Kuskokwim Health Corp	T1 PL	8,442.00	100%	198.30	8,243.70	198.30	12.00	101,304.00	98,924.40
6/6/2008	7/1/2011	HC-203	3		Yukon-Kuskokwim Health Corp	7.5Mbps Inet	4,125.00	100%		1,031.25	3,093.75	12.00	49,500.00	12,375.00
							\$ 46,335.00			\$ 42,249.75	\$ 4,085.25		\$ 556,020.00	\$ 506,997.00

WAN Services to include: Unicom Services, Unicom Services Converted to GCI Billing per HC-218, para 3.d., and GCI Services under HC-218

United Utilities Service
UIT services billed through GCI
GCI Services
Verified service Start and End dates, and pricing
HC-218 install planned complete
DRS Services
GCI VSAT Services



5/4/2010 Provided by Steve Walker, GCI Managed Broadband Services, 907-868-6416, swalker@gci.com

Service Start dates, End Dates, and Circuit Costs verified from GCI billing documents. Unicom Circuit Cost verified from Unicom/YKHC contract in effect 7/1/2008.

None of the circuits for HC-203 or HC-218 is mileage sensitive.

Number of BPSD Circuits

46

Regional Center (Hub)

Bethel 100Mbps Port

Start Date	End Date	Contract	Contract Term	HCP Number	Clinic Name	Circuit Type	Circuit Cost	Eligibility	Urban Rate	Discount	Out-of-Pocket	Months	Circuit Cost	Discount	
07/01/2008	08/12/2008	Unicom	5	10174	Nightmute Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10174	Nightmute Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10174	Nightmute Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10175	Nunapitchuk	1.544Mb/512Kb	1,492.51	100%	768.75	723.76	768.75	1.39	2,070.26	1,003.93	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/03/2008	HC-218	5	10175	Nunapitchuk	1.544Mb/512Kb	1,492.51	100%	768.75	723.76	768.75	2.61	3,899.78	1,891.11	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/04/2008	06/30/2009	HC-218	5	10175	Nunapitchuk	3Mbps	2,984.00	100%	224.00	2,760.00	224.00	8.00	23,872.00	22,080.00	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10176	Oscarville Clinic	1.544Mb/512Kb	819.13	100%	768.75	50.38	768.75	1.39	1,136.21	69.88	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10176	Oscarville Clinic	1.544Mb/512Kb	819.13	100%	768.75	50.38	768.75	0.03	26.42	1.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10176	Oscarville Clinic	1.5Mbps	819.00	100%	155.00	664.00	155.00	10.58	8,665.02	7,025.12	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10177	Pilot Station Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	10/16/2008	HC-218	5	10177	Pilot Station Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.13	23,496.66	21,859.97	Assumed billing from Unicom contract per terms of GCI contract HC-218
10/17/2008	06/30/2009	HC-218	5	10177	Pilot Station Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	8.48	209,905.44	208,005.92	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10178	Pitkas Point Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/13/2008	HC-218	5	10178	Pitkas Point Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.03	356.01	331.21	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10178	Pitkas Point Clinic	1.5Mbps	12,377.00	100%	155.00	12,222.00	155.00	10.58	130,948.66	129,308.76	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10179	Quinhagak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10179	Quinhagak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10179	Quinhagak Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218

Start Date	End Date	Contract	Contract Term	HCP Number	Clinic Name	Circuit Type	Circuit Cost	Eligibility	Urban Rate	Discount	Out-of-Pocket	Annual			
												Months	Circuit Cost	Discount	
07/01/2008	08/12/2008	Unicom	5	10181	Russian Mission Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	10/17/2008	HC-218	5	10181	Russian Mission Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.16	23,852.67	22,191.18	Assumed billing from Unicom contract per terms of GCI contract HC-218
10/18/2008	06/30/2009	HC-218	5	10181	Russian Mission Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	8.45	209,162.85	207,270.05	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10182	St Mary's, John Afcan Memorial Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10182	St Mary's, John Afcan Memorial Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10182	St Mary's, John Afcan Memorial Clinic	3Mbps	41,255.00	100%	343.00	40,912.00	343.00	10.52	434,002.60	430,394.24	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10183	Scammon Bay Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	09/23/2008	HC-218	5	10183	Scammon Bay Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.41	15,593.24	14,507.07	Assumed billing from Unicom contract per terms of GCI contract HC-218
09/25/2008	06/30/2009	HC-218	5	10183	Scammon Bay Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	9.20	227,727.60	225,666.80	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10184	Shageluk Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/15/2008	HC-218	5	10184	Shageluk Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.95	32,515.58	30,250.66	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/20/2008	06/30/2009	HC-218	5	10184	Shageluk Clinic	3Mbps	16,000.00	100%	224.00	15,776.00	224.00	7.67	122,720.00	121,001.92	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10185	Sheldon Point Clinic, Nunam Iqua	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/10/2008	HC-218	5	10185	Sheldon Point Clinic, Nunam Iqua	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.61	28,836.81	26,828.14	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/13/2008	06/30/2009	HC-218	5	10185	Sheldon Point Clinic, Nunam Iqua	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	8.00	198,024.00	196,232.00	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10186	Sleetmute Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/17/2008	HC-218	5	10186	Sleetmute Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	3.08	33,987.09	31,619.67	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/18/2008	06/30/2009	HC-218	5	10186	Sleetmute Clinic	1.5Mbps	8,000.00	100%	155.00	7,845.00	155.00	7.53	60,240.00	59,072.85	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10187	Stony River Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/20/2008	HC-218	5	10187	Stony River Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	3.08	33,987.09	31,619.67	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/23/2008	06/30/2009	HC-218	5	10187	Stony River Clinic	1.5Mbps	8,000.00	100%	155.00	7,845.00	155.00	7.53	60,240.00	59,072.85	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10188	Toksook Bay Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10188	Toksook Bay Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10188	Toksook Bay Clinic	3Mbps	41,255.00	100%	343.00	40,912.00	343.00	10.52	434,002.60	430,394.24	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10189	Tuluksak Clinic	1.544Mb/512Kb	1,904.02	100%	768.75	1,135.27	768.75	1.39	2,641.06	1,574.73	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	09/28/2008	HC-218	5	10189	Tuluksak Clinic	1.544Mb/512Kb	1,904.02	100%	768.75	1,135.27	768.75	1.25	2,372.86	1,414.81	Assumed billing from Unicom contract per terms of GCI contract HC-218
09/20/2008	06/30/2009	HC-218	5	10189	Tuluksak Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	9.37	231,935.61	229,836.73	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10190	Tuntuntuliak, Kathleen Daniel Memorial Hospital	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/22/2008	HC-218	5	10190	Tuntuntuliak, Kathleen Daniel Memorial Hospital	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.32	3,560.10	3,312.12	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/23/2008	06/30/2009	HC-218	5	10190	Tuntuntuliak, Kathleen Daniel Memorial Hospital	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.29	254,708.37	252,403.41	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10191	Tununak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/22/2008	HC-218	5	10191	Tununak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.32	3,560.10	3,312.12	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/23/2008	06/30/2009	HC-218	5	10191	Tununak Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.29	254,708.37	252,403.41	Converted to GCI services under HC-218

Start Date	End Date	Contract	Contract Term	HCP Number	Clinic Name	Circuit Type	Circuit Cost	Eligibility	Urban Rate	Discount	Out-of-Pocket	Annual			
												Months	Circuit Cost	Discount	
07/01/2008	08/12/2008	Unicom	5	10192	Crooked Creek Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/19/2008	HC-218	5	10192	Crooked Creek Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.75	30,308.32	28,197.15	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/20/2008	06/30/2009	HC-218	5	10192	Crooked Creek Clinic	1.5Mbps	8,000.00	100%	155.00	7,845.00	155.00	7.87	62,960.00	61,740.15	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10193	Eek Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10193	Eek Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10193	Eek Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10194	Emmonak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/10/2008	HC-218	5	10194	Emmonak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.61	28,836.81	26,828.14	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/11/2008	06/30/2009	HC-218	5	10194	Emmonak Clinic	5Mbps	41,255.00	100%	343.00	40,912.00	343.00	8.00	330,040.00	327,296.00	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10195	Grayling Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/17/2008	HC-218	5	10195	Grayling Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.95	32,515.58	30,250.66	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/18/2008	06/30/2009	HC-218	5	10195	Grayling Clinic	3Mbps	16,000.00	100%	224.00	15,776.00	224.00	7.67	122,720.00	121,001.92	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10196	Holy Cross, Theresa Demientieff Health Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/14/2008	HC-218	5	10196	Holy Cross, Theresa Demientieff Health Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	3.28	36,194.35	33,673.18	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/15/2008	06/30/2009	HC-218	5	10196	Holy Cross, Theresa Demientieff Health Clinic	1.5Mbps	12,377.00	100%	155.00	12,222.00	155.00	7.33	90,723.41	89,587.26	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10197	Hooper Bay Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/12/2008	HC-218	5	10197	Hooper Bay Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.61	28,836.81	26,828.14	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/13/2008	06/30/2009	HC-218	5	10197	Hooper Bay Clinic	5Mbps	41,255.00	100%	343.00	40,912.00	343.00	8.00	330,040.00	327,296.00	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10198	Lower Kalskag, Crimet Phillips, Sr. Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	01/31/2009	HC-218	5	10198	Lower Kalskag, Crimet Phillips, Sr. Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.61	28,836.81	26,828.14	Assumed billing from Unicom contract per terms of GCI contract HC-218
02/01/2009	06/30/2009	HC-218	5	10198	Lower Kalskag, Crimet Phillips, Sr. Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	8.00	198,024.00	196,232.00	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10199	Upper Kalskag, Catherine Alexie Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10199	Upper Kalskag, Catherine Alexie Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10199	Upper Kalskag, Catherine Alexie Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10200	Kasigluk Clinic	1.544Mb/512Kb	1,567.33	100%	768.75	798.58	768.75	1.39	2,174.04	1,107.71	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	10/21/2008	HC-218	5	10200	Kasigluk Clinic	1.544Mb/512Kb	1,567.33	100%	768.75	798.58	768.75	2.29	3,589.69	1,829.01	Assumed billing from Unicom contract per terms of GCI contract HC-218
10/22/2008	06/30/2009	HC-218	5	10200	Kasigluk Clinic	3Mbps	9,134.00	100%	224.00	2,910.00	224.00	8.32	26,074.88	24,211.20	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10201	Kipruk Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10201	Kipruk Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10201	Kipruk Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10203	Kongiganak, Lillian E. Jimmy Memorial Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10203	Kongiganak, Lillian E. Jimmy Memorial Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10203	Kongiganak, Lillian E. Jimmy Memorial Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218

Start Date	End Date	Contract	Contract Term	HCP Number	Clinic Name	Circuit Type	Circuit Cost	Eligibility	Urban Rate	Discount	Out-of-Pocket	Annual			
												Months	Circuit Cost	Discount	
07/01/2008	08/12/2008	Unicom	5	10204	Kotlik Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/10/2008	HC-218	5	10204	Kotlik Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	3.18	35,090.72	32,646.42	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/11/2008	06/30/2009	HC-218	5	10204	Kotlik Clinic	3Mbps	16,000.00	100%	224.00	15,776.00	224.00	7.43	118,880.00	117,215.68	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10205	Kwethluk, Sarah S. Nicholai Memorial Clinic	1.544Mb/512Kb	1,006.18	100%	768.75	237.43	768.75	1.39	1,395.67	329.34	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	10/21/2008	HC-218	5	10205	Kwethluk, Sarah S. Nicholai Memorial Clinic	1.544Mb/512Kb	1,006.18	100%	768.75	237.43	768.75	2.29	2,304.48	543.79	Assumed billing from Unicom contract per terms of GCI contract HC-218
10/22/2008	06/30/2009	HC-218	5	10205	Kwethluk, Sarah S. Nicholai Memorial Clinic	3Mbps	2,012.00	100%	224.00	1,788.00	224.00	8.32	16,739.84	14,876.16	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10206	Kwigillingok Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10206	Kwigillingok Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10206	Kwigillingok Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10207	Lime Village Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/05/2008	HC-218	5	10207	Lime Village Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	3.18	35,090.72	32,646.42	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/06/2008	06/30/2009	HC-218	5	10207	Lime Village Clinic	3Mbps	16,000.00	100%	224.00	15,776.00	224.00	7.43	118,880.00	117,215.68	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10208	Marshall, Theresa Elia Memorial Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10208	Marshall, Theresa Elia Memorial Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10208	Marshall, Theresa Elia Memorial Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10209	Mekoryuk Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	09/17/2008	HC-218	5	10209	Mekoryuk Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.18	13,018.10	12,111.30	Assumed billing from Unicom contract per terms of GCI contract HC-218
09/18/2008	06/30/2009	HC-218	5	10209	Mekoryuk Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	9.43	233,420.79	231,308.47	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10210	Mountain Village Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10210	Mountain Village Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10210	Mountain Village Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10211	Akiachak Native Community Clinic	1.544Mb/512Kb	1,081.00	100%	768.75	312.25	768.75	1.39	1,499.45	433.12	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	10/16/2008	HC-218	5	10211	Akiachak Native Community Clinic	1.544Mb/512Kb	1,081.00	100%	768.75	312.25	768.75	2.13	2,301.48	664.79	Assumed billing from Unicom contract per terms of GCI contract HC-218
10/17/2008	06/30/2009	HC-218	5	10211	Akiachak Native Community Clinic	3Mbps	2,162.00	100%	224.00	1,938.00	224.00	8.48	18,342.13	16,441.74	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10212	Akiak, Edith Kawagley Memorial Clinic	1.544Mb/512Kb	1,700.13	100%	768.75	931.38	768.75	1.39	2,358.24	1,291.91	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/22/2008	HC-218	5	10212	Akiak, Edith Kawagley Memorial Clinic	1.544Mb/512Kb	1,700.13	100%	768.75	931.38	768.75	0.32	548.43	300.45	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/23/2008	06/30/2009	HC-218	5	10212	Akiak, Edith Kawagley Memorial Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.29	254,716.35	252,411.32	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10213	Alakanuk Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/10/2008	HC-218	5	10213	Alakanuk Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.61	28,836.81	26,828.14	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/11/2008	06/30/2009	HC-218	5	10213	Alakanuk Clinic	3Mbps	16,000.00	100%	224.00	24,529.00	224.00	8.00	198,024.00	196,232.00	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10214	Aniak, Clara Morgan Sub-Regional Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10214	Aniak, Clara Morgan Sub-Regional Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10214	Aniak, Clara Morgan Sub-Regional Clinic	3Mbps	41,255.00	100%	343.00	40,912.00	343.00	10.52	434,002.60	430,394.24	Converted to GCI services under HC-218

												Annual			
Start Date	End Date	Contract	Contract Term	HCP Number	Clinic Name	Circuit Type	Circuit Cost	Eligibility	Urban Rate	Discount	Out-of-Pocket	Months	Circuit Cost	Discount	
07/01/2008	08/12/2008	Unicom	5	10215	Anvik Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/14/2008	HC-218	5	10215	Anvik Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.75	30,308.32	28,197.15	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/15/2008	06/30/2009	HC-218	5	10215	Anvik Clinic	1.5Mbps	8,000.00	100%	155.00	7,845.00	155.00	7.87	62,960.00	61,740.15	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10216	Atmautluak Clinic	1.544Mb/512Kb	1,268.05	100%	768.75	499.30	768.75	1.39	1,758.91	692.58	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	10/21/2008	HC-218	5	10216	Atmautluak Clinic	1.544Mb/512Kb	1,268.05	100%	768.75	499.30	768.75	2.29	2,904.24	1,143.56	Assumed billing from Unicom contract per terms of GCI contract HC-218
10/22/2008	06/30/2009	HC-218	5	10216	Atmautluak Clinic	3Mbps	2,536.00	100%	224.00	2,312.00	224.00	8.32	21,099.52	19,235.84	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10217	Bethel, Yukon-Kuskokwim Delta Regional Hospital	1544/1544Kbps	12,187.00	100%	198.30	11,988.70	198.30	1.39	16,904.55	16,629.49	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	06/30/2009	HC-218	5	10217	Bethel, Yukon-Kuskokwim Delta Regional Hospital	1544/1544Kbps	12,187.00	100%	198.30	11,988.70	198.30	10.61	129,339.45	127,234.91	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10217	Bethel, Yukon-Kuskokwim Delta Regional Hospital	100Mbps	90,761.00	100%	784.00	89,977.00	784.00	10.52	954,805.72	946,558.04	Actual Bethel Hub Port, New Service billing under HC-218
07/01/2008	08/12/2008	Unicom	5	10218	Chefornak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/15/2008	HC-218	5	10218	Chefornak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.10	1,068.03	993.63	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/16/2008	06/30/2009	HC-218	5	10218	Chefornak Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	10.52	260,401.56	258,045.08	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10219	Chevak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	11/10/2008	HC-218	5	10219	Chevak Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	2.61	28,836.81	26,828.14	Assumed billing from Unicom contract per terms of GCI contract HC-218
11/11/2008	06/30/2009	HC-218	5	10219	Chevak Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	8.00	198,024.00	196,232.00	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10220	Chuathbaluk	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/13/2008	HC-218	5	10220	Chuathbaluk	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	0.03	356.01	331.21	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/14/2008	06/30/2009	HC-218	5	10220	Chuathbaluk	1.5Mbps	12,377.00	100%	155.00	12,222.00	155.00	10.58	130,948.66	129,308.76	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10221	Napakiak Clinic	1.544Mb/512Kb	931.36	100%	768.75	162.61	768.75	1.39	1,291.89	225.56	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	08/13/2008	HC-218	5	10221	Napakiak Clinic	1.544Mb/512Kb	931.36	100%	768.75	162.61	768.75	0.03	30.04	5.25	Assumed billing from Unicom contract per terms of GCI contract HC-218
08/14/2008	06/30/2009	HC-218	5	10221	Napakiak Clinic	1.5Mbps	931.00	100%	155.00	776.00	155.00	10.58	9,849.98	8,210.08	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10222	Napaskiak, Yago Clark Memorial Clinic	1.544Mb/512Kb	819.13	100%	768.75	50.38	768.75	1.39	1,136.21	69.88	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	10/20/2008	HC-218	5	10222	Napaskiak, Yago Clark Memorial Clinic	1.544Mb/512Kb	819.13	100%	768.75	50.38	768.75	2.26	1,849.65	113.76	Assumed billing from Unicom contract per terms of GCI contract HC-218
10/21/2008	06/30/2009	HC-218	5	10222	Napaskiak, Yago Clark Memorial Clinic	3Mbps	1,638.00	100%	224.00	1,414.00	224.00	8.35	13,677.30	11,806.90	Converted to GCI services under HC-218
07/01/2008	08/12/2008	Unicom	5	10223	Newtok Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.39	15,308.43	14,242.10	Billed under the YKHC-United Utilities, Inc. Telecommunications Services Agreement, July 20, 2004
08/13/2008	09/17/2008	HC-218	5	10223	Newtok Clinic	1.544Mb/512Kb	11,036.31	100%	768.75	10,267.56	768.75	1.18	13,018.10	12,111.30	Assumed billing from Unicom contract per terms of GCI contract HC-218
09/18/2008	06/30/2009	HC-218	5	10223	Newtok Clinic	3Mbps	24,753.00	100%	224.00	24,529.00	224.00	9.43	233,420.79	231,308.47	Converted to GCI services under HC-218
							\$ 1,881,940.62				\$ 1,797,995.52	\$ 83,945.10	\$ 10,976,911.62	\$ 10,767,062.59	

ATTACHMENT E



YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

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Response to USAC Request for Information April 9, 2010

This document responds to the Universal Service Administrative Company's (USAC's) e-mail of March 19, 2010, which seeks additional information in connection with the Yukon-Kuskokwim Health Corporation's (YKHC's) use of 3 Mbps of bandwidth to support the provision of high definition (HD) telepsychiatry and other telemedicine services in the Yukon-Kuskokwim Delta.

As USAC is aware, YKHC provides health care services to 50 rural communities comprised principally of Alaska Natives and Native Americans who reside in rural and remote portions of southwest Alaska. YKHC's facilities include a regional hospital, Subregional Clinics, and local community-based clinics, which it refers to as Village Clinics. These facilities typically provide the only health care service options for the individuals and communities they serve. The Village Clinics, for example, are so geographically remote that they typically cannot be reached by roads and instead require transportation by plane or snow machine. The services provided through these facilities include health promotion and disease prevention programs; dental services; behavioral health services, including psychiatric and substance abuse counseling and treatment; ophthalmological care; and environmental health services. Because many of YKHC's facilities are located in rural and remote regions of Alaska, many of these services can best be provided only through the use of telemedicine, which, to be most effective, requires sufficient levels of broadband connectivity and advanced technologies such as medical telemetry, digital medical and dental imaging, and HD video teleconferencing (VTC).

In an effort to ensure that the best possible medical care is provided to the individuals and communities that YKHC serves, YKHC has taken several steps over the past two years to effectuate a substantial upgrade and expansion of its various medical facilities. This upgrade and expansion has involved incorporating numerous recent advances in technology and telemedicine -- including the installation and use of Alaska Federal Health Care Access Network (AFHCAN) telemedicine carts and HD VTC equipment to transmit and receive medical information and facilitate telepsychiatry service -- to, for example, ensure that patients who

reside in rural, remote and sparsely populated portions of southwest Alaska can rely on the full panoply of resources in the YKHC network for their medical needs.

YKHC is particularly proud of the pioneering role it is playing in the use of technology and telemedicine, which has empowered YKHC and its medical staff to develop and effectuate more efficient and effective treatment programs for patients who, due to their socio-economic status and geographical location, are at greater risk than most Americans of not receiving appropriate levels of medical care. It is for this reason that YKHC has focused much of its upgrade and expansion efforts on, among other things, ensuring that its various medical facilities, including its Village Clinics, have installed advanced medical equipment and have arranged for the bandwidth necessary for that equipment to be used most effectively.

As USAC is aware, in those Village Clinics in which YKHC provides telepsychiatry and other telemedicine services, YKHC relies on 3 Mbps of bandwidth (two T-1 circuits) to ensure that all of the advanced medical equipment in these facilities, including HD VTC equipment, functions appropriately and efficiently. In the Subregional Clinics in which YKHC provides telepsychiatry and other telemedicine services, including digital mammography, YKHC relies on 4.5 Mbps of bandwidth (three T-1 circuits).

YKHC took particular care in assessing its bandwidth needs in these facilities in part because of the difficulties it experienced in providing reliable medical care and administrative support for such care through the services of UUI, which provided YKHC with bandwidth capabilities of only 1.5 Mbps downstream and 512 Kbps upstream. Experience suggested that these capabilities would be insufficient to accommodate YKHC's anticipated and growing use of AFHCAN telemedicine carts, telepsychiatry using full HD VTC equipment, and various other administrative functions, including the use of high-speed Internet access, e-mail, VoIP telephony services, and Resource and Patient Management Systems (RPMS), all of which are critical to the day-to-day operations of YKHC's facilities.

As part of its assessment of its bandwidth needs, YKHC consulted various physicians and other telemedicine professionals. Specifically, Laura Baez, YKHC's Director of Behavioral Health, and David Hodges, YKHC's Chief Information Officer, consulted physicians in the Alaska Psychiatric Institute (API), some of whom treated YKHC patients, to determine whether, how and to what extent YKHC could support telepsychiatry and related services to patients treated in its Village Clinics and Subregional Clinics.

It was during the course of these consultations that YKHC was informed by representatives of API that YKHC's provision of telepsychiatry services could best be provided through the use of full motion HD VTC equipment. In fact, representatives of API arranged a side-by-side demonstration of HD and standard VTC equipment and transmissions so representatives of

YKHC could see for themselves the differences in the quality, clarity and reliability of the transmissions. YKHC also was informed by psychiatrists at API that full motion HD video teleconferencing would be very important to their ability to provide effective therapy because it would best approximate their physical presence in the room with the patient, thereby enabling the psychiatrists to identify and assess whether patients are suffering from serious side effects from prescribed psychotropic medications. These extrapyramidal symptoms manifest as very fine involuntary facial and other involuntary movements that require a psychiatrist to be able to observe the patient clearly and precisely using full motion HD video technology. Full motion HD video also is important because it enables psychiatrists to evaluate nonverbal information about a patient's emotional state, including subtle aspects relating to how a patient moves his or her face and holds his or her body that can be critical to producing an accurate diagnosis and maintaining appropriate levels of care for patients. The provision of the best possible telepsychiatry services through full motion HD video teleconferencing was determined to be the best -- and in some cases the only -- way to address these issues effectively.

It also was determined that the use of bandwidth sufficient to support the provision of HD video teleconferencing would help ensure that telepsychiatry sessions provided to YKHC patients would not suffer due to excess latency or other limitations that could interfere with seamless provision of telepsychiatry services. It is well settled that effective psychiatric therapy involves a discussion and exploration of deeply personal and emotional issues. Video teleconferencing sessions interrupted by latency, screen freezes, or poor or intermittent video and audio quality due to insufficient bandwidth would compromise the effective provision of telepsychiatry service. These and similar conclusions are set forth more fully in the attached Declarations of Dr. Karen Jackman and Dr. David Ondich.

The conclusions of these physicians -- and, more generally, the results of YKHC's assessment of its bandwidth needs -- are particularly notable based on the recent determination in the Federal Communications Commission's (FCC's) National Broadband Plan (NBP) that the concurrent provision of real-time two-way video teleconferencing with non-real-time Internet browsing and e-mail services requires 7 Mbps of bandwidth, which is *more than double* YKHC's use of bandwidth for these and other services. See *Connecting America: The National Broadband Plan*, FCC, March 16, 2010, at Section 3.1, Exhibit 3-C, p. 17. The FCC's NBP further states that to concurrently run *near-real-time* streaming video of a classroom lecture in *standard definition* with non-real-time Internet browsing and e-mail services requires 4 Mbps of bandwidth -- 25 percent more bandwidth than YKHC uses for full motion HD video teleconferencing and other services in its Village Clinics. *Id.*

YKHC's bandwidth needs pale by comparison to these figures, particularly given the mission critical role this bandwidth plays in the lives of its patients and the ability of YKHC to care for them most appropriately. Indeed, in the portion of the NBP that focuses on the use of broadband for the provision of health care services, the FCC acknowledges that "[a] single video consultation session can require a symmetric 2 Mbps connection with a good quality of service." *Id.* at 209. This is precisely the level of bandwidth that YKHC's own HD VTC transmissions require.

In your e-mail of March 19, 2010, you requested that YKHC furnish a copy of the report titled "Quality Attributes in Telemedicine Video Conferencing," which YKHC cited in support of its need for full resolution HD video images in its submission to USAC of October 30, 2009. YKHC has confirmed that the Internet link to that report, which YKHC previously provided to USAC, no longer is functioning, so a copy of that report is provided herein as Attachment 1. Notably, the report supports YKHC's approach to determining its bandwidth needs. In addition to stating that "the use of video conferencing for direct medical care requires the highest degree of video conferencing quality, given its direct and immediate impact on patient care," the report explains that a successful video teleconferencing program for telemedicine, for example, focuses on the needs of the patient rather than on the technology, which "is purely a conduit towards being able to do a clinical consultation." LeRouge, "Quality Attributes in Telemedicine Video Conferencing," IEEE Computer Society, 35th Annual Hawaii International Conference on System Sciences, Volume 6, September 2002, at 2. In other words, one must assess the needs of the patient to best determine the nature and quality of the video teleconferencing capability that should be provided. Given the premium psychiatric clinicians place on the clarity and precision of video and audio transmissions to most effectively treat patients, YKHC's decision to use HD video teleconferencing to provide telepsychiatry services is justified.

YKHC is mindful that some practitioners of telemedicine and telepsychiatry services may not enjoy the benefit of 2 Mbps of bandwidth to conduct such services. But this often results from lack of resources and funding to support greater bandwidth and related applications. The American Telemedicine Association's "Practice Guidelines for Videoconferencing-Based Telemental Health," to which you cite in your e-mail of March 19, 2010, indeed states that "[m]ost telemental health programs use systems that transmit data at a minimum of 384 Kbps." American Telemedicine Association, *Practice Guidelines for Videoconferencing-Based Telemental Health*, October 2009, at 14. But it also identifies such bandwidth as a *minimum* for providing effective telemedicine services. *Id.* The document also specifies, as you noted, that "viewers perceive a marked difference in quality between 128 and 384 Kbps, but report less noticeable difference between 384 and 768 Kbps." *Id.* This is not surprising. Higher bandwidth nearly always improves transmission speeds, clarity and functionality. Indeed, the

document practically concedes that telemedicine programs rely on less than 768 Kbps of capacity not because doing so is necessarily desirable but, rather, “due to lack of or expense of broadband access.” *Id.* In fact, after consulting numerous persons, YKHC is not aware of a single practitioner of telepsychiatry and telemedicine who does not believe that he or she could do more for patients with additional bandwidth and greater audio and video clarity, and that standard definition transmissions generally do not provide enough audio or visual clarity to be as effective.

With this information as background, YKHC provides responses to your four specific questions below.

1. What specific aspects of telepsychiatry require full motion and high definition video?

As noted above, many aspects of telepsychiatry require full motion HD service. Medications routinely prescribed in psychiatry cause serious side effects that are detectable only through an in-person physical exam or by using full motion HD service, which can permit a psychiatrist to zoom in on a patient’s hands and face to observe fine, involuntary movements that are imperceptible through standard definition transmissions. HD service similarly enables a psychiatrist to best observe facial expressions and body language that contain subtle clues about a patient’s emotional state and are essential in order to provide an accurate diagnosis. Without full motion HD service, these clues frequently are not observable in video teleconferencing sessions and require additional personnel to be involved more often in the diagnosis and treatment of the patient. This often requires additional personnel to appear in the same room as the patient during telepsychiatry sessions, to appear more frequently, or for the patient to visit with additional medical practitioners to receive a supplemental assessment, thereby leading to a less efficient and more time consuming treatment process. The ability of a psychiatrist to establish an atmosphere that closely mimics an in-person session, which is critical to developing the rapport necessary to best conduct therapy sessions, also is greatly enhanced by full motion HD service. These important attributes of HD service, especially as compared with standard definition service, are set forth more fully in the attached Declarations of Dr. Karen Jackman and Dr. David Ondich.

2. In addition to the VTC units, what equipment is at each clinic and subregional facility, what are the bandwidth requirements for each piece of equipment, and how is that bandwidth necessary for the provision of health care as provided by the equipment and the community health aide or clinician?

All Village Clinics today make use of telemedicine carts that require broadband transmission capability to be used effectively. The carts contain pieces of equipment used to observe and transmit images of the patient to physicians and other medical professionals consulting or

treating the patient from remote locations. Although the peripheral equipment on each cart may differ depending on the needs of each Village Clinic, the telemedicine carts in Village Clinics may contain some or all of the following types of peripheral equipment: a digital camera, a video otoscope, an electrocardiogram, a scanner, a spirogram, VitalSigns equipment, an audiogram, and a tympanogram. In the Village Clinics that do not rely on VTC equipment, these telemedicine carts and peripheral devices are supported by a single T1 line, or a transmission capacity of 1.5 Mbps. In the Village Clinics that rely on and use VTC equipment, these telemedicine carts and peripheral devices are supported by two T1 lines, or a transmission capacity of 3 Mbps, although two of those three Mbps are utilized by HD VTC equipment.

The telemedicine carts in YKHC's SRCs contain this same -- and often more -- peripheral equipment. Each SRC uses multiple telemedicine carts and also supports digital mammography services. Each SRC is supported by three T1 lines, or a transmission capacity of 4.5 Mbps, with some of this capacity utilized by multiple HD VTC transmission capability.

Both the Village Clinics and the SRCs also rely on broadband to support a range of administrative functions, including the use of high-speed Internet access, e-mail, VoIP telephony services, an electronic billing system, and Resource and Patient Management Systems (RPMS).

The broadband transmission capacity provided to each Village Clinic and SRC is designed to accommodate peak usage times, which is industry standard, as well as the manner in which circuits are provisioned to these types of locations. In YKHC's experience, at least 512 Kbps on average is necessary to ensure that a telemedicine cart and all administrative support functions in its Village Clinics can operate at appropriate Quality of Service (QoS) levels, but these activities can sometimes spike to up to 1.5 Mbps of bandwidth. In the SRCs, at least 1 Mbps of bandwidth is necessary to support the use of multiple telemedicine carts, administrative support functions, and the digital mammography equipment in use in those locations at appropriate QoS levels, again with occasional spikes.

3. What are normal clinic hours of operation and on average how many times a day or how long is the above named equipment used at each clinic? If possible, bandwidth or utilization data correlated with clinic usage would be extremely helpful for us to understand the needed bandwidth.

The standard hours of operation for YKHC's Village Clinics is 8 a.m to 5 p.m., but clinics are open and often used on a 24-hour basis in cases of emergencies. The equipment identified in response to Question 2, above, is used at varying times of day and with varying frequency depending on a range of circumstances; but, notably, there are periods in a day when all or

much of the equipment is used simultaneously, which necessitates provisioning bandwidth for peak periods.

YKHC is in the process of seeking -- and thus does not currently have available -- bandwidth or utilization data so it can more closely assess its bandwidth usage and whether certain peak periods are demanding more bandwidth than YKHC's existing network configuration can accommodate.

4. In our meeting, you said that large medical records or radiology files are being transferred. Typically, we see such files transferred between facilities with PAC systems and remote radiologists. We believe you said only Bethel and maybe some other sites had PAC systems, so we are unclear why such large patient records would be transferring to or from your remote facilities. On average, how many electronic medical records are transferred daily to or from the clinics or sub-regional facilities to the hospital in Bethel and what are the average file sizes?

Only YKHC's facility in Bethel relies on PACS imaging to transfer and provide access to large medical records or radiology files to Anchorage and, by extension, the lower 48 states. This same equipment does not reside and is not used in the SRCs or the Village Clinics. With respect to the transmission of such records or files from Bethel to Anchorage, which typically consist of CT Scans, Ultrasound, Digital Mammography, Fluoroscopy, and general X-ray files, YKHC estimates that approximately 85 to 100 files are transmitted each work day, with an average file size of approximately 11.2 Mbps.

* * *

We hope that this additional information is helpful and sufficient to resolve any outstanding questions or concerns. As noted in our earlier submissions and in our meeting of February 17, 2010, we are deeply concerned that any further delay by USAC in providing reimbursement payments to our service provider, GCI Communications Corp. (GCI), may threaten GCI's willingness to continue delivering services to YKHC pursuant to the terms of the service contract between the parties, HC-218. Any resulting interruption or disconnection of service will have profound and troubling implications for YKHC and its ability to serve its communities. We therefore respectfully urge you to conclude your inquiry as expeditiously as possible, and we remain willing and able to provide you with any additional information you may need to accomplish that.

DECLARATION OF KAREN JACKMAN, M.D.

I, Karen Jackman, hereby swear and depose, based upon my own personal knowledge, information and belief, as follows:

1. I am a psychiatrist contracted by the Yukon-Kuskokwim Health Corporation ("YKHC") in Bethel, Alaska, to provide psychiatric services to YKHC patients. I received my medical degree from the University of Kansas Medical School-Wichita, followed by residency training at the University of Kansas Medical School-Wichita and a Fellowship at the University of Utah. I am certified to practice in General Psychiatry and Child and Adolescent Psychiatry.

2. I am licensed to practice medicine in Alaska. My current practice involves working with YKHC to provide psychiatric care to the patients and communities that YKHC serves. I first became involved in working with YKHC as an employee in the late 1990s. I spent six years traveling to small villages providing psychiatric services to the children there. I began doing telepsychiatry for YKHC when I was employed by the Alaska Psychiatric Institute ("API"), which provided psychiatric support to YKHC's various facilities.

3. YKHC provides health care services to rural communities comprised principally of Alaska Natives and Native Americans who reside in rural and inaccessible portions of southwest Alaska. YKHC's facilities include a regional hospital, Subregional Clinics, and more than thirty local community-based clinics, which it refers to as Village Clinics.

4. These facilities provide essential health care services, including psychiatric and substance abuse counseling and treatment, to the communities they serve. In fact, the Village Clinics generally provide the only health care service facilities that are available to individuals living in the remote communities that YKHC serves.

5. The most practical way to provide meaningful, continuous and effective psychiatric care to individuals living in the remote villages that YKHC serves is through telemedicine. These remote villages are located in the western portion of Alaska and typically are accessible only by plane or snow machine, not by roads. Without telemedicine, the communities served by Village Clinics would not have regular access to psychiatric care, physician care and related medical services and thus would be deprived of the full panoply of medical services that, through telemedicine, YKHC is capable of providing. Telemedicine also enables doctors and other health professionals to serve multiple communities more efficiently. Back when I was traveling to the villages I was only able to see the patients every two to four months. With telepsychiatry I can follow up with them as frequently as needed.

6. Over the past two years, I have engaged in telemedicine by participating in more than 400 telepsychiatry sessions, including more than 300 sessions with YKHC patients. I also have attended and participated in numerous professional conferences that have addressed telepsychiatry matters during this period.

7. The availability of clear video and audio transmissions is necessary for the most effective psychiatric diagnosis and treatment. Visual clarity is critical to detect slight and often difficult-to-notice abnormal movements of the facial muscles and other involuntary body movements during psychiatry sessions. Such extrapyramidal symptoms are sometimes side effects seen in patients who have been prescribed and are taking psychotropic medications.

8. These symptoms can manifest themselves in various periods during which a patient is taking prescribed medication, so optimal care ordinarily requires that any patient prescribed such medication undergo routine physical examination. Prior to the use of HD telepsychiatry, patients residing in remote regions of Alaska who were treated by telepsychiatry

received a physical examination only once every six months from a nurse practitioner to help detect issues associated with their medication. Today, because of the availability of HD service, it is possible for me to conduct additional examinations of the patients with clarity using HD video conferencing equipment every time I conduct a session with them. Although it does not entirely replace the periodic need for physical examination, it significantly enhances patient care due to the frequency of the HD sessions.

9. HD service also enables a physician engaged in a psychiatric assessment of a patient to best monitor and evaluate how a patient moves his or her face and holds his or her body. These movements are indicative of a patient's emotional state, which is clinically known as a patient's "affect," and they can furnish a psychiatrist information essential to an accurate diagnosis. Observation of a patient is critical because what a patient says about his or her emotional state is not always congruent to these nuances in facial expressions and body language. Moreover, these nuances typically are not observable using standard definition technology.

10. Audio and visual clarity also are critical to the effective provision of telepsychiatry because they best approximate the physical presence of the psychiatrist and the patient. Excessive latency, pixilation, and poor audio or video quality greatly diminish the patient experience and correspondingly impair the ability of the psychiatrist to provide effective care.

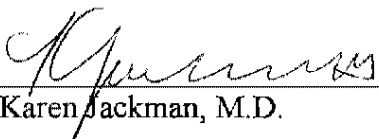
11. My conclusions are based on actual experience as a psychiatrist and a clinician, as well as a direct comparison of HD and standard definition technologies for the provision of psychiatric care. I treat patients from YKHC facilities throughout western Alaska that routinely support HD telepsychiatry service. For instance, through my work at YKHC's Behavioral

Health Clinic in Alaska, I have been able to use HD service to zoom in with great clarity and precision on a patient's hands and face to look for the subtle physical side effects of medications.

12. More recently, through my work at the McCann Treatment Center ("McCann") in Bethel, Alaska, which also is part of YKHC, I learned firsthand how important and beneficial HD capability is when technical disruptions prevented the use of HD capability in McCann. It was in the course of this experience that I came to understand clearly the noticeably inferior quality of standard definition (as compared with HD service) and the importance of HD quality to providing the best possible medical treatment to patients. I could not, for example, zoom in with clarity and precision on a patient's features to look for the subtle physical side effects of medications when only standard definition service was available. I was also dependent on others in the room with the patient to describe the patient's affect. This limited my ability to provide the same level of psychiatric care that I otherwise would have been capable of providing through HD service.

13. It is my understanding that although some practitioners may engage in telemedicine and telepsychiatry using standard definition equipment and commensurate bandwidth levels for such equipment, I do not believe any of the practitioners with whom I am familiar would dispute my thesis that additional bandwidth and greater audio and video clarity would enhance their ability to provide services to their patients more reliably and efficiently.

I declare under penalty of perjury that the foregoing is true and accurate to the best of my personal knowledge, information, and belief.

 9/8/10
Karen Jackman, M.D.

ATTACHMENT F

From: William England [mailto:wengland@usac.org]
Sent: Friday, March 19, 2010 3:07 PM
To: David P. Hodges; David P. Hodges
Cc: Rekha Ayalur
Subject: RE: YKHC

Dear David,

Thank you for meeting with USAC on February 17, 2010 to discuss the need for additional bandwidth in YKHC's request for support for Funding Year 2008. During the February 17 meeting, you and Dr. Joe Klejka (Dr. Klejka via teleconference) described the medical services and equipment that will utilize the bandwidth requested. To complete our inquiry into this funding request, we need written responses to the inquiries posed in the email of February 1, 2010 from me to you and in the February 17 meeting regarding the need for the requested bandwidth. To assist you in providing written responses, below are the specific matters we would like you to address or confirm. Please provide your written responses by April 2, 2010.

In YKHC's October 30, 2009 response (October 30th Response) to USAC's July 31, 2009 request for information, you stated that "one of the principal applications for which YKHC purchased the Tandberg Edge 95 MXP video teleconferencing (VTC) equipment pertains to its provision of tele-psychiatry services in remote regions of the Yukon-Kuskokwim Delta." In the response, YKHC cites the report "Quality Attributes in Telemedicine Video Conferencing" in Proceedings of the 35th Hawaii International Conference on System Sciences – 2002 as support for the need for full resolution, high definition video images. (Oct. 30th Response, p. 6.) However, we do not find in that article or in the October 30th response, a reference to show that the specific requested bandwidth is necessary to perform tele-psychiatry services. The attached report, *American Telemedicine Association Practice Guidelines for Videoconferencing Telemental Health* (Practice Guidelines), notes that "research into the quality of data transmission has shown that viewers perceive a marked difference in quality between 128 and 384 Kbps, but report less noticeable difference between 384 and 768 Kbps." The Practice Guidelines, indicate that tele-psychiatry can be performed with much less bandwidth than bi-directional 3 Mbps. Thus, we are still uncertain as to why this bandwidth is necessary for the provision of health care and request that you and Dr. Klejka provide a detailed, written explanation as to why YKHC's needs well exceed what is recommended in the Practice Guidelines. In particular, please address the following:

1. What specific aspects of tele-psychiatry require full motion high definition video?
2. In addition to the VTC units, what equipment is at each clinic and sub-regional facility, what are the bandwidth requirements for each piece of equipment, and how is that bandwidth necessary for the provision of health care as provided by the equipment and the community health aide or clinician?
3. What are normal clinic hours of operation and on average how many times a day or how long is the above named equipment used at each clinic? If possible, bandwidth or utilization data correlated with clinic usage would be extremely helpful for us to understand the needed bandwidth.
4. In our meeting, you said that large medical records or radiology files are being transferred. Typically, we see such files transferred between facilities with PAC systems and remote radiologists. We believe you said only Bethel and maybe some other sites had PACs systems, so we are unclear why such large patient records would be transferring to or from your remote facilities. On average, how many electronic medical records are transferred daily to or from the clinics or sub-regional facilities to the hospital in Bethel and what are the average file sizes?

Thank you for your prompt attention to this request.

William England

202-263-1624

<<PracticeGuidelinesforVideoconferencing-Based TelementalHealth.pdf>>

From: William England
Sent: Monday, February 01, 2010 7:02 PM
To: 'David Hodges@ykhc.org'
Cc: Rekha Ayalur
Subject: YKHC

Dear Mr. Hodges:

I have carefully reviewed the substantial record of correspondence between you and the Rural Health Care Division regarding YKHC's request for support for Funding Year 2008. As you suggested, we should discuss our concerns with your application on a conference call. Below are some clarifying questions that we would like to discuss on the call.

USAC is looking to verify that the services/equipment at YKHC's clinics require the amount of bandwidth that is being requested. In your response to USAC's Second Request for Information, you state that the "principal applications for which YKHC purchased the Tandberg Edge 95 MXP equipment pertains to its provision of telepsychiatry services in remote regions of the Yukon-Kuskokwim Delta." What other medical services are being performed at YKHC's clinics that would require 3+Mbps of bandwidth? For example, could you provide bandwidth or utilization data correlating demand with clinic usage? Your Form 465 lists the need to support CT scanner and PACS images, which we understand could require greater bandwidth if operated at the same time as the VTC equipment, but we do not know which sites have CT or PACS systems or how often simultaneous use is necessary.

You have explained that the equipment purchased from GCI needs 2 Mbps service to operate in full HD mode for telepsychiatry. USF supports telepsychiatry programs in the lower 48 states that request support for between 384 and 1544 Kbps, including the use of HD monitors (not in full HD mode). We are unsure why higher bandwidth is needed in your program. We suggest asking your clinicians for specific examples of their needs and what could not be accomplished at lower bandwidths.

Unless all village sites operate at >2 Mbps simultaneously, the 100 Mbps connection in Bethel seems more than necessary. It would help our understanding to have actual bandwidth utilization data tied to times of clinic use, showing the number of clinics requesting simultaneous teleconsults, reviewing medical records, etc. Such utilization data would help demonstrate that these services are necessary for the provision of health care.

We look forward to discussing these matters and we invite you to include a clinical expert on the call to discuss these services with us. Please let me know once you have coordinated a date and time that works best for you.

Sincerely,

William England, Ph.D., J.D.

Vice President, Rural Health Care

Universal Service Administrative Company

2000 L Street, NW, Suite 200

Washington, DC. 20036

202-263-1607 (voice) • 202-776-0080 (fax)

wengland@usac.org • www.usac.org

Note: RHC's customer service department has moved to a new location. All Forms, written documentation or correspondence should be mailed to:

Rural Health Care Division

30 Lanidex Plaza West

Parsippany, NJ 07054

ATTACHMENT G

April 2, 2010

VIA ELECTRONIC MAIL

William England, Ph. D.
Vice President, Rural Health Care Division
Universal Service Administrative Company
2000 L Street, NW Suite 200
Washington, DC 20036

Dear Dr. England:

This note follows up on your email dated March 19, 2010. My letter to you dated March 4, 2010 disclosed all of the commercial service arrangements under which GCI or any of its affiliates is providing inter-village terrestrial data transmission in the Yukon-Kuskokwim Delta region within the "safe harbor" range of 1.4-8 Mbps, and for which GCI's service arrangement is not one that itself is a discounted service arrangement under either the Rural Health Care or Schools/Libraries support mechanisms. The service arrangements we have disclosed includes DeltaNet services that GCI itself purchases from Unicom for GCI's own use, such as providing wireless and voice telephony services. We also disclosed to you GCI's commercial satellite-based private line service arrangements where both endpoints are within Alaska, regardless of whether those were located within the Yukon-Kuskokwim Delta.

In our telephone call on March 24, 2010, we discussed both United Utilities and United-KUC. These GCI affiliates are the local incumbent LECs within the Yukon-Kuskokwim Delta. Within the Yukon-Kuskokwim Delta, United KUC serves Bethel,¹ while United Utilities provides local exchange service to the remainder of the communities in the Yukon-Kuskokwim Delta. Significantly, neither of these entities provides inter-village interexchange transmission services within the 1.4-8 Mbps "safe harbor" category, which are the type of service covered by the GCI-YKHC contract. Historically, prior to GCI's purchase of United Utilities, Unicom functioned as the interexchange services affiliate for these two local exchange carriers, and they did not themselves provide such services. To be clear, under the Alaska market structure, inter-village telecommunications services are interexchange, not local exchange, services.² Moreover, neither United nor United-KUC provides Internet access services within the "safe harbor" range of 1.4-8 Mbps.

We note that UUI (as distinct from Unicom) uses some transmission capacity over DeltaNet to support its Internet access offerings (which, as noted above, are all below the 1.4-8 Mbps "safe harbor" range). These are configured with nineteen (19) 1.536 Mbps ports on the edge, all hubbed to a single 4 Mbps port in Bethel. Because of

¹ United-KUC also serves McGrath and Unalakleet, which are not within the Yukon-Kuskokwim Delta.

² Although United Utilities (Unicom's sister company, which like Unicom is owned directly by GCI) jointly owns twenty-one (21) satellite earth stations with AT&T in the Yukon-Kuskokwim Delta, AT&T, and not United, Unicom or any other GCI-affiliated entity is the service provider for any satellite-based private line services provided using those jointly owned facilities.

the limited capacity of the hub port, the performance is limited – the equivalent of approximately 848 kbps of symmetrical “circuit” bandwidth, and thus does not fall within the “safe harbor” category of 1.4-8 Mbps when viewed as “apples-to-apples” transmission capacity.³ In addition, this is not a commercial offering: it is provided at a class of service quality (lowest priority) below the level of the commercial services provided by any GCI affiliates and there is no price for the facilities used because they were established prior to GCI acquiring United Utilities and Unicom and reflect UUI’s and Unicom’s status as sister companies under the previous owner. Thus, these facilities should not be considered in determining the appropriate rural rate under 54.607(a).

Finally, for the record, we note that my letter of March 4, 2010 never asserted that Unicom was “operating independently” of GCI, as your note of March 19 states. What I said was that Unicom and GCI were required by the Rural Utility Service to reflect arm’s-length pricing in their transactions between them. There is nothing inconsistent with such arm’s length pricing for Unicom to have cancelled a contract with YKHC that did not cover the services that YKHC needed in favor of a contract with GCI that did.

Based on our telephone call of March 24, 2010, I trust that this answers all of USAC’s remaining questions for GCI. In the event that you have additional questions, we request that we first attempt to address them by meeting or call, which can then be followed up with any formal exchange of correspondence. The two calls that we have had have been effective in clarifying the issues upon which USAC is seeking information.

Sincerely,



Martin Cary
Vice President and General Manager
Managed Broadband Services
GCI Communication Corp.

cc: Rekha Ayalur
David Capozzi
Stefani Watterson
John Nakahata

4829-4657-1525, v. 3

³ This is calculated by taking the total port bandwidth for all 20 sites (19 remote sites plus the hub), dividing by 20 ports (1 port per site), and dividing by two ports per symmetrical “circuit.”

ATTACHMENT H

From: William England [mailto:wengland@usac.org]
Sent: Friday, March 19, 2010 6:39 PM
To: Martin Cary
Cc: John Nakahata; Rekha Ayalur
Subject: RE: GCI Response to USAC Request for Additional Information - YKHC

Dear Mr. Cary:

In your reply and presentation to USAC, you stated that GCI is purchasing 203 1 Mbps port equivalents, including both T-1 TDM circuits and Ethernet ports from Unicom and that the loan agreement with Rural Utilities Service requires you to treat them as arms length transactions. However, our inquiry requests that GCI provide its commercial customer rates for all services in the 1.4 to 8 Mbps category in the YK Delta. In particular, the decision by Unicom to cancel its prior 5 year contract with YKHC in favor of the new contract with GCI for purposes of seeking USF support is not consistent with Unicom operating independently of GCI and could have excluded services relevant to determining a rate under Section 54.607(a). Thus, please include in your disclosure of equivalent services, all services provided over the DeltaNet facilities which are sold by GCI or any subsidiary of GCI. In the event that services are sold by a subsidiary and then resold by GCI, please so indicate, so they are not double counted.

Your prompt reply by April 2 will enable us to continue moving quickly toward closure of this support request.

Sincerely,

William England

From: Martin Cary [mailto:mcary@gci.com]
Sent: Friday, March 05, 2010 1:28 AM
To: William England
Cc: John Nakahata; Rekha Ayalur
Subject: GCI Response to USAC Request for Additional Information - YKHC

Dr. England,

Please find attached our response to the questions you have outlined below.

Sincerely,

Martin Cary
VP/GM Managed Broadband Services
GCI

From: William England [mailto:wengland@usac.org]

8/19/2010

Sent: Friday, February 19, 2010 10:08 AM
To: Martin Cary
Cc: John Nakahata; Rekha Ayalur
Subject: Request for Additional Information - YKHC

Dear Mr. Cary:

Thank you for your letter dated December 23, 2009 responding to our questions concerning service provided to Yukon-Kuskokwim Health Corporation (YKHC). Based on your responses, we have several follow-up questions concerning the rural rate pricing comparison and the over-limit usage charges assumptions. The information we are requesting is important for bringing our inquiry to conclusion, and we would appreciate receiving your written response by March 4, 2010. Because your December 23rd reply came through Wiltshire & Grannis LLP, I have included John Nakahata in this email.

As you noted in your letter of December 23, 2009, to determine the rural rate, Section 54.607(a) of the FCC's rules requires an averaging of the rates charged to commercial customers for identical or similar services provided in the area served. In determining the rural rate for commercial customers, you calculated the per Mbps cost for YKHC, a "carrier customer" and a "commercial customer" by totaling the "circuit" capacity and dividing it into the monthly service cost. Our concern with this method of calculation is that it is not comparing "identical or similar" services. Rather, it is pooling rates for 3 Mbps circuits and a 100 Mbps service. We typically expect to see volume discount effects or lower cost per Mbps rates for higher bandwidth services. Additionally, your averaging of rates included only two commercial customers. Based on our understanding of GCI's operations in the YK Delta, we are concerned that there appear to be more customer rates that should be included in the average, including rates for GCI subsidiaries.

To better assist USAC in determining the appropriate rural rate for Rural Health Care Support Mechanism benefits eligibility, please provide commercial customer rates for functionally equivalent speeds using the FCC's "safe harbor categories" as described in the FCC's Report and Order released on Nov. 17, 2003 (FCC 03-288; 18 FCC Rcd 24546, para. 34). Except for the Bethel hub site, the YKHC sites fall into the T-1 category of 1.4 to 8 Mbps. Please provide your commercial customer rates for all services in the 1.4 to 8 Mbps category provided by GCI in the YK Delta.

The next questions relate to the YKHC contract and the Hypernet Platinum service comparison provided on page 4 of the December 23rd letter. The per month base circuit price is listed as \$27,476. The bid price as indicated on the FCC Form 466 states the per circuit price as \$24,753. Please indicate the correct price.

One reason given as to why the Hypernet Platinum service is not suitable for YKHC is the over-limit usage charge. You estimated that the under the Hypernet Platinum plan, YKHC's usage fees could exceed \$19,000 assuming 3 Mbps symmetric service was available as part of the plan. We understand this is hypothetical, but we want to understand the assumptions that went into your estimate. A \$0.01/MB (\$10/GB) usage fee of \$19,000 is 1,900 GB per month. Streaming HD video at 2 Mbps would be $2 \times 3600 / 8 = 900$ MB/hr uploaded from the clinic (1.8GB for full duplex) so even using HD service 24x7 would be $1.8 \times 24 \times 30 = 1,296$ GB, well under 1,900 GB/month. Please provide more information as to how the \$19,000 over-limit usage charge assumption was estimated.

If you would like the opportunity to discuss your response, we can schedule a meeting following receipt of your written response.

Best regards,

8/19/2010

William England, Ph.D., J.D.
Vice President, Rural Health Care
Universal Service Administrative Company
2000 L Street, NW, Suite 200
Washington, DC. 20036
202-263-1624 (voice) • 202-776-0080 (fax)
wengland@usac.org • www.usac.org

ATTACHMENT I



March 4, 2010

CONFIDENTIAL TREATMENT REQUESTED

VIA ELECTRONIC MAIL AND FIRST-CLASS MAIL

William England, Ph.D.
Vice President, Rural Health Care Division
Universal Service Administrative Company
2000 L Street, N.W., Suite 200
Washington, D.C. 20036

Dear Dr. England:

This letter responds to the questions posed in your email dated February 19, 2010. This letter explains: (1) that the GCI/YKHC contract HC-218 complies with 47 C.F.R. 54.607(a) with respect to the calculation of the rural rate, using services provided in the 1.4-8 Mbps "safe harbor" category; (2) the correct price under the contract; and (3) the Hypernet over-limit usage charge. However, with respect to the last of these issues, we note that Hypernet cannot be considered a "identical or similar service" to the services GCI is providing to YKHC because Hypernet is a cable-modem-based service and thus does not provide transmission between the Yukon-Kuskokwim Delta villages and Bethel, which is an essential component of the services that GCI is providing YKHC under contract HC-218.

1. Compliance with 47 C.F.R. 54.607(a).

As you point out, 47 C.F.R. 54.607(a) states, in part, as follows:

- (a) The rural rate shall be the average of the rates actually being charged to commercial customers, other than health care providers, for identical or similar services provided by the telecommunications carrier providing the services in the rural area in which the health care provider is located. . . .

As we have discussed, there are few commercial customers in rural Alaska for high bandwidth services that are not rural health care providers or school districts under an e-rate supported contract. Nonetheless, available comparisons show that the rates charged to YKHC for terrestrial transmission paths within the Commission's 1.4 to 8 Mbps "safe harbor" category meet the requirements of 54.607(a).



“Identical or similar services provided by the telecommunications carrier.” In applying 54.607(a), it is important to identify the appropriate range of comparison services. The rule focuses on (i) “identical or similar services,” (ii) “provided by the telecommunications carrier,” (iii) “in the rural area in which the health care provider is located.” The core service being purchased by YKHC under contract HC-218 is transmission between and among the villages in which YKHC’s health clinics are located and its Bethel facilities.

Within the Yukon-Kuskokwim Delta region, which is the region in which YKHC is located, GCI offers intercommunity transmission over Unicom’s DeltaNet terrestrial microwave network, supplemented by satellite transmission between communities that are not on the DeltaNet network. Unicom has never offered, and GCI does not currently generally offer satellite service between and among the Yukon-Kuskokwim Delta communities that are on DeltaNet.¹ Accordingly, the only “identical or similar services” provided by Unicom or GCI for transmission between these communities within the 1.4-8 Mbps “safe harbor” category are the services provided over the DeltaNet terrestrial microwave facilities, and do not include satellite services.

However, even if Unicom or GCI were offering satellite services between and among the communities, including Bethel, that are on the DeltaNet network, satellite services would still not constitute “identical or similar services” because they are not “functionally similar services as viewed from the perspective of the end user.”² Satellite service has different, and inferior, performance characteristics to terrestrial-based service. Satellite service has greater potential for outages and degraded service due to seasonal solar disturbances. Satellite service is also more likely to be affected by environmental issues such as rain, snow or icing. As a result, the network availability that can be achieved on a terrestrial microwave network is higher than for satellite (99.999% to 99.9999% for microwave versus 99.5% for Ku-band and 99.95% for C-Band satellite).

Furthermore, satellite service is of a lower service quality than microwave service. Satellite latency is 500 milliseconds or more, as compared to 5-20 milliseconds for microwave. Microwave thus allows for a more natural, close-to-real-time interaction

¹ GCI still uses C-Band satellite service in these communities on a transitional basis for transmission of its Wireless Internet Service Provider (WISP) service. GCI plans on migrating these services to DeltaNet as well, but doing so requires relocating the access point to the microwave tower and then repointing subscribers to that tower. In addition, GCI has some satellite customers that will continue to receive satellite service through the end of their current contracts. This is transitional service and would not be offered beyond the end of the current contract.

² *Rural Health Care Support Mechanism*, Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 18 FCC Rcd 24546, 24563 ¶ 33 (2003).



(such as in doctor's examinations or behavior therapy sessions), rather than disrupting communications with pauses and lags that interrupt the conversation. Low latency can be particularly important in medical situations, such as telepsychiatry. In addition, in the context of YKHC's network, at the present time, the communication to or from, for example, a treating physician in the Lower 48 (YKHC uses physicians in the Lower 48 to provide telemedicine services) must already undergo a satellite hop, with associated latency, to travel between Bethel and Anchorage.³ Adding a second satellite hop between the villages and Bethel compounds the latency problems and makes even basic telephone services difficult to use. Were YKHC to seek to engineer a satellite-based transmission network to avoid a satellite "double-hop," it would likely need to have video bridges in both Bethel and Anchorage, as well as satellite circuits not just from each village to Bethel, but also from each village to Anchorage. This would double the satellite-based telecommunications services costs, and also prevent YKHC from using Bethel as an aggregation point for this traffic.

These network availability and service quality differences are not just theoretical. GCI understands from YKHC that YKHC had problems with AFHCAN carts not uploading otoscope and EKG images well due to reliability and performance issues with the satellite circuits. In addition, YKHC had echo problems with its voice application and sporadic problems with its Resource and Patient Management System (the Indian Health Service's electronic health record system). All these problems went away when YKHC moved to terrestrial microwave service. Accordingly, it is not appropriate to consider satellite service to be an "identical or similar service" to terrestrial microwave services, particularly in the context of these rural telemedicine applications.

USAC is not permitted to second guess YKHC's determination of the telecommunications services that it needs. The FCC has stated, "rural health care providers are best able to determine what telecommunications services best meet their needs," particularly when there are tangible improvements in quality and performance.⁴ Although YKHC is required to select the most cost-effective method of providing the requested service or services, it is entitled to consider "features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing a method of providing the required health care services."⁵ YKHC has done so here in

³ GCI will eliminate this hop once it has finished construction of its combination microwave and fiber TERRA-SW network, which will allow for terrestrial transmission from Bethel to Anchorage. This network received a loan/grant award from the Rural Utilities Service's Broadband Initiatives Program.

⁴ *Changes to the Board of Directors of the National Exchange Carrier Association, Inc., Federal-State Joint Board on Universal Service*, CC Docket Nos. 97-21 and 96-45, Sixth Order on Reconsideration in CC Docket No. 97-21 and Fifteenth Order on Reconsideration in CC Docket No. 96-45, 14 FCC Rcd 18756, 18770 ¶ 21 (1999).

⁵ 47 C.F.R. § 54.603(b)(4).



selecting the mode of service that will best ensure high reliability and high quality services to support its provision of telemedicine.

Average of the Rates Charged to Commercial Customers. The FCC has made clear that the rural rate is determined by “compar[ing] the urban and rural rates for *functionally* similar services as viewed from the perspective of the end user.”⁶ To do this, the FCC created “‘safe harbor’ categories of functionally equivalent services based on the advertised speed and nature of the service.”⁷ One of those categories is “T-1 – 1.41-8 Mbps.” The services that GCI is providing YKHC under contract HC-218 all fall into this range.

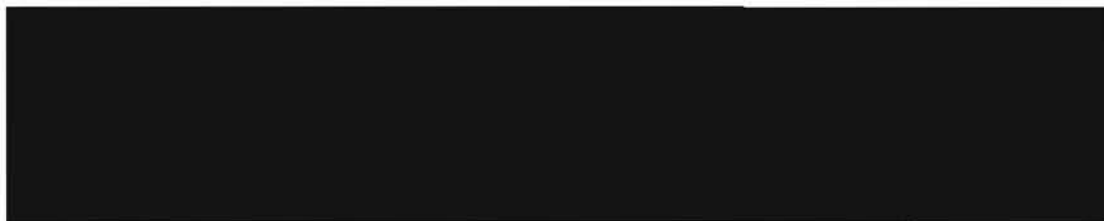
In order to analyze functionally similar circuit-based services, such as T-1s, and packet-based services such as transparent LAN, the service prices must be converted to equivalent dollar amounts per transmission path. Although a TDM circuit, such as a T-1, is a complete transmission path, transparent LAN services are usually quoted in per port rates, with the rate varying by port capacity. However, a transmission path must be comprised of at least two ports (one on each end), and thus the prices of at least two ports must be combined in order to be compared with a functionally equivalent T-1 circuit. In this regard, we would note that Unicom is not providing “3 Mbps circuits and a 100 Mbps circuit” to YKHC, as your note suggests, but transmission paths that have on one end a 1.5, 3 or 5 Mbps port and on the other end a 100 Mbps port that serves (and completes the transmission path for) all of the 1.5, 3 and 5 Mbps ports.

Furthermore, in order to be consistent, with respect to the prices within the 1.5-8 Mbps safe harbor range, those prices must be compared at equivalent bandwidth levels (for example, per 1 Mbps transmission capacity or per T-1 equivalent (1.5 Mbps transmission capacity)). It would not be rational, for example, to compare the total amount paid for a single T-1 with the total amount paid for five T-1s (7.72 Mbps transmission capacity) together; the prices should be compared only on a per T-1 basis. Even in that situation, some account must be made for variations in term and the total volume of business that the customer does with the carrier.

The only non-subsidized contract with a non-affiliate for a functionally equivalent intercommunity terrestrial transmission path within the 1.4 – 8 Mbps “safe harbor” category is the contract between Unicom and a carrier customer discussed in GCI’s December 23, 2009 response. That contract, like the YKHC contract, was for a transparent LAN-style service. In that contract, [REDACTED]

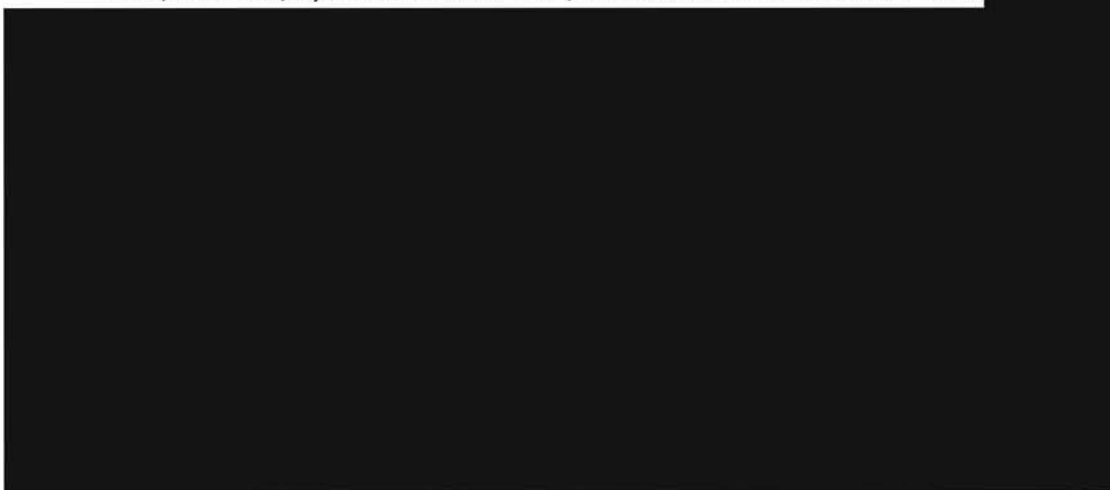
⁶ *Rural Health Care Support Mechanism*, Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 18 FCC Rcd 24546, 24563 ¶ 33 (2003).

⁷ *Id.* at 24564 ¶ 34.



If USAC seeks to look beyond that contract with a non-affiliated commercial customer, GCI also purchases service from Unicom on the DeltaNet microwave network. As a requirement of Unicom's loan agreements with the Rural Utilities Service, all transactions between Unicom and GCI must ultimately be approved by the Rural Utilities Service, and, in GCI's dealings with RUS, GCI's experience is that RUS expects these terms to reflect arms-length pricing. GCI purchases both TDM T-1s and Ethernet port-based services from Unicom.

The price GCI pays Unicom for a GCI-purchased terrestrial TDM T-1s is



which exceeds the per T-1 equivalent in the GCI-YKHC contract of \$14,248. Expressing the rate comparison in Mbps yields the same result. The simple average of



Again, the average of the commercial services exceeds the rate in the GCI-YKHC contract, which is \$9,228 per 1 Mbps transmission path.

⁸ For simplicity, we use 1.5 Mbps for one T-1.

⁹ Alternatively, a T-1 (1.5 Mbps in each direction) can be viewed as 2 1.5 Mbps ports, which also yields \$13,011 at a rate of \$4,337 per port per Mbps.



Accordingly, GCI's contract with YKHC meets the requirements of 47 C.F.R. 54.607(a).

Because you indicated you were interested in satellite T-1 prices, we provide the following information, even though it is not relevant because satellite T-1s are not functionally similar services from the end user's perspective, due to lower reliability and higher latency. GCI does not generally provide point-to-point satellite transmission services within the Yukon-Kuskokwim Delta when both endpoints are on its terrestrial network. However, as reflected in contract HC-218, GCI will provide satellite service when the remote village is not served by the terrestrial network. In that case, HC-218 provides for a rate of \$8,000 for a satellite T-1 circuit from the remote village to Bethel and \$16,000 (2 T-1s) for a 3 Mbps satellite circuit from the remote village to Bethel. Attached is a spreadsheet showing GCI's commercial private lines with endpoints within Alaska.¹⁰ As you can see, the satellite T-1s average [REDACTED]

[REDACTED] Rule 54.607 does not make it clear whether these discounts should be included, because they frequently reflect overall purchasing volume, including many other non-comparable services.

2. The Correct per Circuit Price under the Contract

You have asked us to specify the correct "per month base circuit price" for the YKHC service. As indicated above, the contract price is not a "per circuit" price. The price for a 3 MB port in a village is \$24,753/month (HC-218, page 12). The price for the 100 MB port in Bethel is \$90,761/month (HC-218, page 13). For purposes of the Hypernet example, GCI derived a per "circuit" price by calculating the Bethel-end of the "circuit" by taking 3/100 of \$90,761, or \$2,722.83 per each 3MB village port, and adding it to the \$24,753/month 3 MB village port price, deriving the \$27,476 per "circuit" used for comparison purposes on page 4 of the December 23rd letter. This circuit-equivalent calculation allows the prices for different services, and/or identical or similar services with different rate structures to be compared on an "apples-to-apples" basis without favoring a particular service or rate structure.

3. An Explanation of the Hypernet Over-Limit Usage Charge

You have also asked how GCI estimated the \$19,000 over-limit usage charge amount for the Hypernet Platinum ("Hypernet") service. As an initial matter, GCI emphasizes that it would be impossible to utilize Hypernet to provide YKHC the requested service. The YKHC request calls for a transmission service between its medical facilities in Bethel and its sub-regional and village clinics throughout the Yukon-Kuskokwim Delta. Hypernet, a

¹⁰ See Attachment A.



cable-modem-based service, is only available in Bethel, which is the only location in the Yukon-Kuskokwim Delta that has GCI-owned cable infrastructure. Therefore, Hypernet simply could not be used to provision the point-to-point transmission service between Bethel and YKHC's village clinics required for YKHC's requested services.¹¹

Moreover, the Commission has rejected as a legal and economic matter that a service provided between two geographic points (within Bethel) could constitute a substitutable service for one provided between different and distinct points (between Bethel and other villages). The Commission's assessment of the interstate, domestic, long distance services, of which the services sought by YKHC are a subset, is instructive. In that context, the Commission defined the relevant geographic market "as all possible routes that allow for a connection from one particular location to another particular location (i.e., a point-to-point market)."¹² It rejected the notion that a long distance service plan originating in Miami, for example, could be a "viable substitute" for a calling plan originating from Los Angeles.¹³

Likewise, a service available only in Bethel could not be a viable substitute for one between Bethel and multiple distant points. Only where the services between different geographic points were sufficiently the same in terms of pricing and availability could those services be considered substitutes.¹⁴ Again, that the Hypernet service is a Bethel-only offering is dispositive that it cannot be a substitute for a multipoint service. As a result, it would be wrong as a matter of law and basic economics to include Bethel-based Hypernet in the assessment of YKHC's request for multi-point transmission services between its medical facilities throughout the Yukon-Kuskokwim Delta.

All that said, the theoretical \$19,000 in monthly over-limit usage charge was calculated based on the assumption of maximum circuit utilization, every hour of the month, for a 3 Mbps transmission path, which produced the upper limit of the usage charge. The monthly usage capability for a symmetrical 3Mbps service is calculated as follows:

¹¹ It bears repeating that even within Bethel, Hypernet, which supports a maximum upload speed of 256kbps, could not come close to meeting the bandwidth requirements for high definition (or any other) video conferencing.

¹² *Regulatory Treatment of LEC Provision of Interexchange Services Originating in the LEC's Local Exchange Areas; Policy and Rules Concerning the Interstate, Interexchange Marketplace, Second Report and Order and Third Report and Order*, 12 FCC Rcd 15756, 15793 ¶ 64 (1997).

¹³ *Id.* (¶ 65).

¹⁴ *See id.* at 15794 ¶ 66; *Application of Worldcom, Inc. and MCI Communications Corporation for Transfer of Control of MCI Communications Corporation to Worldcom, Inc., Memorandum Opinion and Order*, 13 FCC Rcd 18025 ¶¶ 30-31 (1998).



1. Calculate the number of MB in one direction per hour per 3 Mbps path.

$$(3\text{Mbps}) \times (3600 \text{ seconds/hour}) / 8 \text{ bits/byte} = 1350 \text{ MB/hr}$$

2. Derive MB/hr for a full duplex circuit.

$$1350 \text{ MB/hr} \times 2 = 2700 \text{ MB/hr}$$

3. Calculate the monthly MB of usage at maximum circuit utilization.

$$2700 \text{ MB/hr} \times 24 \text{ hours/day} \times 30 \text{ days/month} = 1,944,000 \text{ MB/month}$$

4. Calculate over-limit usage charge.

$$1,944,000 \text{ MB/month} - 16,384 \text{ MB included/month} = 1,927,616 \text{ MB/month} \\ \text{MB/month} \times \$0.01/\text{MB} = \$19,276 \text{ over-limit usage charge/month.}$$

* * *

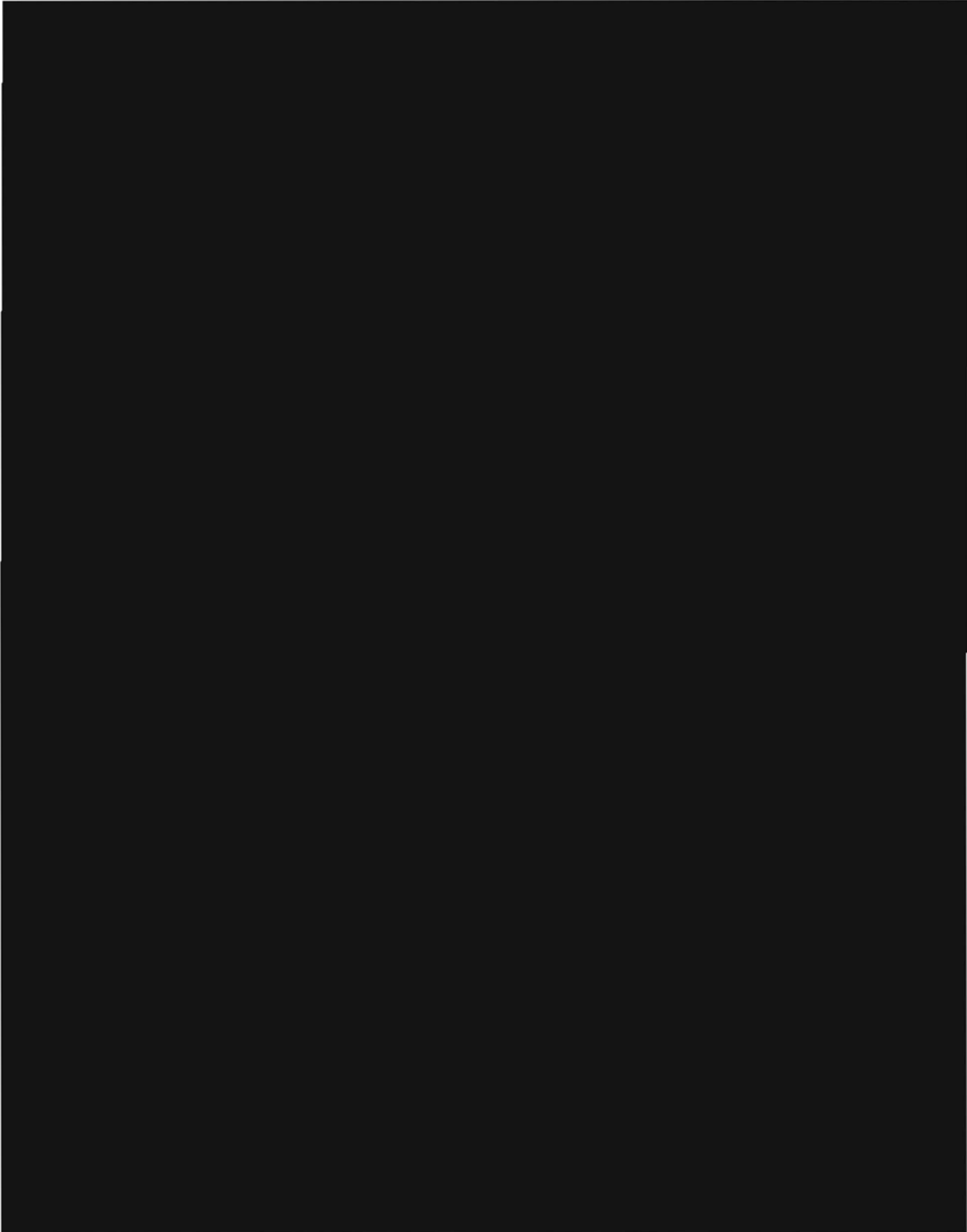
We hope that this fully addresses your questions. Should you have further questions after you review this letter, we would request a meeting so that we can reach expeditious resolution of this matter. Delays in processing and approving these types of anchor tenant support applications serve only to harm, not accelerate the deployment and adoption of broadband in underserved areas.

GCI COMMUNICATION CORP.

Martin Cary
Vice President and General Manager
Managed Broadband Services

cc: John Nakahata

ATTACHMENT A -- CONFIDENTIAL TREATMENT REQUESTED



ATTACHMENT J

From: William England [mailto:wengland@usac.org]
Sent: Friday, February 19, 2010 2:08 PM
To: mcary@gci.com
Cc: John Nakahata; Rekha Ayalur
Subject: Request for Additional Information - YKHC

Dear Mr. Cary:

Thank you for your letter dated December 23, 2009 responding to our questions concerning service provided to Yukon-Kuskokwim Health Corporation (YKHC). Based on your responses, we have several follow-up questions concerning the rural rate pricing comparison and the over-limit usage charges assumptions. The information we are requesting is important for bringing our inquiry to conclusion, and we would appreciate receiving your written response by March 4, 2010. Because your December 23rd reply came through Wiltshire & Grannis LLP, I have included John Nakahata in this email.

As you noted in your letter of December 23, 2009, to determine the rural rate, Section 54.607(a) of the FCC's rules requires an averaging of the rates charged to commercial customers for identical or similar services provided in the area served. In determining the rural rate for commercial customers, you calculated the per Mbps cost for YKHC, a "carrier customer" and a "commercial customer" by totaling the "circuit" capacity and dividing it into the monthly service cost. Our concern with this method of calculation is that it is not comparing "identical or similar" services. Rather, it is pooling rates for 3 Mbps circuits and a 100 Mbps service. We typically expect to see volume discount effects or lower cost per Mbps rates for higher bandwidth services. Additionally, your averaging of rates included only two commercial customers. Based on our understanding of GCI's operations in the YK Delta, we are concerned that there appear to be more customer rates that should be included in the average, including rates for GCI subsidiaries.

To better assist USAC in determining the appropriate rural rate for Rural Health Care Support Mechanism benefits eligibility, please provide commercial customer rates for functionally equivalent speeds using the FCC's "safe harbor categories" as described in the FCC's Report and Order released on Nov. 17, 2003 (FCC 03-288; 18 FCC Rcd 24546, para. 34). Except for the Bethel hub site, the YKHC sites fall into the T-1 category of 1.4 to 8 Mbps. Please provide your commercial customer rates for all services in the 1.4 to 8 Mbps category provided by GCI in the YK Delta.

The next questions relate to the YKHC contract and the Hypernet Platinum service comparison provided on page 4 of the December 23rd letter. The per month base circuit price is listed as \$27,476. The bid price as indicated on the FCC Form 466 states the per circuit price as \$24,753. Please indicate the correct price.

One reason given as to why the Hypernet Platinum service is not suitable for YKHC is the over-limit usage charge. You estimated that under the Hypernet Platinum plan, YKHC's usage fees could exceed \$19,000 assuming 3 Mbps symmetric service was available as part of the plan. We understand this is hypothetical, but we want to understand the assumptions that went into your estimate. A \$0.01/MB (\$10/GB) usage fee of \$19,000 is 1,900 GB per month. Streaming HD video at 2 Mbps would be $2 \times 3600 / 8 = 900$ MB/hr uploaded from the clinic (1.8GB for full duplex) so even using HD service 24x7 would be $1.8 \times 24 \times 30 = 1,296$ GB, well under 1,900 GB/month. Please provide more information as to how the \$19,000 over-limit usage charge assumption was

estimated.

If you would like the opportunity to discuss your response, we can schedule a meeting following receipt of your written response.

Best regards,

William England, Ph.D., J.D.
Vice President, Rural Health Care
Universal Service Administrative Company
2000 L Street, NW, Suite 200
Washington, DC. 20036
202-263-1624 (voice) • 202-776-0080 (fax)
wengland@usac.org • www.usac.org

8/19/2010

ATTACHMENT K

CONFIDENTIAL PORTIONS OF RESPONSE ENCLOSED



December 23, 2009

Rekha Ayalur
Program Manager
Universal Service Administrative Company
2000 L Street, N.W., Suite 200
Washington, D.C. 20036

*Re: Response to Letter Dated November 13, 2009 Regarding Service to
Yukon-Kuskokwim Health Corporation ("YKHC")*

Dear Ms. Ayalur:

GCI Communication Corp. ("GCI") hereby responds to the above-referenced letter.

As USAC is aware, GCI provides symmetric broadband Ethernet telecommunications service to YKHC medical facilities throughout the Yukon-Kuskokwim Delta ("Y-K Delta") region of southwestern Alaska over the DeltaNet regional microwave network.¹ Service speed is designated on a per-location basis and ranges from 1.5 to 3 to 5 megabits per second ("Mbps").² DeltaNet (together with associated local fiber facilities) currently connects YKHC's main medical facilities in Bethel with five sub-regional clinics and 26 village clinics, with an additional three village clinics coming on-line by year-end.

Because many of these clinics are located in extremely isolated areas, YKHC medical professionals often cannot provide advanced medical services in person, but instead must rely on telemedicine. By coupling advanced technologies, including medical telemetry and digital medical imaging, and high definition video conferencing, with GCI's reliable, high-availability broadband service, YKHC is able to provide modern medical services to an economically challenged rural population that would otherwise be left on the wrong side of the healthcare and digital divide.

GCI now addresses each of your specific questions.

¹ The remaining 15 YKHC clinics are served either by satellite or a microwave system that is operated by AT&T-Alascom and UII, GCI's wholly owned subsidiary and serves locations in close proximity to Bethel.

² Five sub-regional clinics ("SRC") are each served with a 5 Mbps circuit. 23 village clinics are served with 3 Mbps circuits, and 3 are served with 1.5 Mbps circuits. In addition, Bethel is served by a 100 Mbps port onto DeltaNet. Three village clinics will be added to DeltaNet by year-end, with two at 3 Mbps and one at 1.5 Mbps.



Question 1: The GCI bid accepted by YKHC is for a 3 Mbps Packet Service for \$24,753 per month. Please explain why GCI did not offer YKHC a lower priced alternative, such as the Hypernet Platinum Service. Based on your analysis of their needs, were there technical specifications that would prevent this service from being compatible with their existing equipment or the Tandberg Edge 95 MXP VTC equipment they purchased through GCI?

Response to Question 1:

HyperNet Platinum cannot meet YKHC's technical and service availability requirements and therefore is not a "lower priced alternative" to the telecommunications service that YKHC purchases from GCI under the YKHC-GCI contract (the "YKHC Contract").

Here is a recap of the requirements YKHC sought to fill in its 2008 acquisition process and how GCI addressed those requirements:

Technical Requirements. YKHC needed Ethernet bandwidth in currently-served and planned DeltaNet-served villages sufficient to support (i) the provision of medical treatment using two-way high definition video teleconferencing ("HD VTC"), medical telemetry, and digital medical imaging and (ii) existing data and voice applications. HD VTC using the Tandberg Edge 95 VTC equipment requires at least two Mbps of symmetric, low-latency bandwidth for diagnostic quality, high resolution video and audio transmissions. In order to ensure that YKHC had adequate bandwidth to run existing data/voice applications concurrently with the HD VTC services, GCI's bid for clinics with a single HD VTC equipment set included two-way symmetric three Mbps broadband Ethernet connectivity.

Service Availability Requirements. YKHC also needed 24/7 access to the Ethernet bandwidth that it purchased. To that end, the YKHC contract includes a detailed, YKHC-specific service level agreement ("SLA") that provides for each Bethel-to-remote-clinic Ethernet "circuit" to be available 99.99% of the time. The SLA also sets forth other YKHC-specific provisions, including other service commitments, arrangements for 24/7 network monitoring and dedicated technical support, and service restoration/maintenance procedures. These SLA commitments are backed up by financial penalties.

Hypernet Platinum would not come close to meeting YKHC's technical and service availability requirements for the following reasons:



- ***Inadequate Geographical Availability.*** Hypernet Platinum is a cable modem service available only in communities where GCI operates a cable network. None of the existing or planned DeltaNet-served communities other than Bethel has GCI cable service.³
- ***Technical Infeasibility.*** With an advertised maximum download speed of 1.5 Mbps and a maximum upload of 256 kbps, Hypernet Platinum would not support standard definition VTC, much less the kind of HD VTC service that YKHC is using, even if it were available in all DeltaNet locations. GCI does not offer a symmetric 3 Mbps cable modem service anywhere in Alaska.
- ***No Service Level Agreement.*** Hypernet Platinum is not backed up by a detailed, customer-specific SLA. A Hypernet Platinum user's "circuit" is not continuously monitored with 24/7 dedicated technical support and other service commitments. For example, maintenance outages can take place at any time without notification or prior consent of the end-user. In contrast, the YKHC Contract requires that GCI secure YKHC's approval of maintenance outages outside of a pre-agreed maintenance window so that YKHC can minimize disruption during daytime hours.
- ***Inappropriate Usage Pricing Model.*** The YKHC Contract service is provisioned and priced on a customized basis for a highly sophisticated commercial user with specialized, mission-critical needs. There are no usage limits on the service.

The Hypernet Platinum plan is a cable modem service that is provisioned and priced for general consumer and small business usage. It is subject to usage limits, and usage beyond those limits results in additional charges. As a result, even if GCI offered Hypernet Platinum in all DeltaNet communities and even if Hypernet Platinum offered a symmetric 3 Mbps cable modem connection, an end-user with high bandwidth usage could incur over-limit usage fees exceeding \$19,000 per month without the benefit of a detailed, customer-specific SLA.⁴

³ GCI's cable modem services are provided to discrete regional hub communities, including Bethel, and are labeled on GCI's website as "Regional Ultimate Xtreme & HyperNet High Speed Modems." See http://www.gci.com/forhome/internet/standalone_modems.htm. The service is not provided beyond the communities listed.

⁴ The Hypernet Platinum over-limit usage charges are currently scheduled to rise substantially.



The differences between the YKHC Contract for DeltaNet services and Hypernet Platinum are summarized below:

Geographic Availability	YKHC's headquarters in Bethel and clinics in 31 DeltaNet communities	Bethel only
Circuit Capacity	3 Mbps x 3 Mbps Symmetric (typical location)	Up to 1.5 Mbps x 256 Kbps Asymmetric. No symmetric service available.
Base Circuit Price & Over-Limit Usage Charge	\$27,476/month for unlimited usage. No over-limit usage charge.	\$164.99/month for 16,384 megabytes of usage per month. Over-limit usage charge of one cent per megabyte. Usage fees could exceed \$19,000 per month (assuming 3Mbps x 3Mbps service were available).
Monitoring & Support	7x24 full carrier-grade Network Operations Center monitoring of each circuit and dedicated technical support	No customer-specific continuous monitoring or dedicated support
Service Level Agreement	Formal YKHC-specific SLA including detailed performance metrics (including 99.99% circuit availability), service maintenance/restoration procedures, and financial penalties	No SLA

Accordingly, the Hypernet Platinum service could not have been used to provision YKHC's telecommunications needs.



Question 2: Please provide details of how GCI determined its bid price for this service. Such information is necessary for USAC to determine whether a health care provider has selected the most cost-effective service for its needs in a situation where there is only one bidder, and the service is sufficiently unique that USAC cannot readily determine if the service for which support is requested is fairly priced. We recognize that such information may be privileged and confidential and you may request nondisclosure of the information you provide.

Response to Question 2:

**** BEGIN CONFIDENTIAL ****

REDACTED

REDACTED



REDACTED

REDACTED



REDACTED

**** END CONFIDENTIAL ****

* * *

REDACTED



As it is bearing the financial burden of delays in the funding application process, GCI sincerely hopes that the foregoing information will resolve any questions that USAC has regarding YKHC's funding request and that USAC will immediately fund YKHC's funding request for these vital services. Indeed, the YKHC service deployment is a model of what the Rural Health Care Program was intended to support. It is not clear why the Rural Health Care Division has held up approval of YKHC's funding application, which benefits 28,000 Yup'ik Eskimo people in one of the most remote and economically challenged parts of the Nation, while the FCC simultaneously seeks to promote broadband connectivity to anchor tenants for exactly the types of technologies deployed by YKHC. To the extent that USAC continues to delay approval of YKHC's request, GCI respectfully requests a meeting with USAC personnel, including specifically you and Messrs. England and Capozzi, to promptly resolve any outstanding issues.

Sincerely,

GCI COMMUNICATION CORP.

A handwritten signature in purple ink, appearing to read "MCary", is positioned above the typed name.

Martin Cary
Vice President and General Manager
Managed Broadband Services
mcary@gci.com
907-868-5459

ATTACHMENT L

November 13, 2009

Mr. Steve Walker
GCI Communications Corporation
2550 Denali Street
Anchorage, AK 99503

Dear Mr. Walker:

USAC is looking into the competitive bid process resulting in the selection of GCI as the new service provider for telecommunications and internet services provided to YKHC sites for FY2008. During the course of its investigation, USAC has reviewed GCI's website in order to gain a better understanding of services offered by GCI. On its website, GCI offers broadband internet services, specifically "Hypernet," to villages in Alaska including several YKHC villages for at or near \$164.99 per month. This Hypernet "Platinum" service is advertised on GCI's website to be 1.5/256Kbps, 16,384MB of throughput/month.

To assist USAC in reviewing YKHC's selection of the most cost-effective service, we respectfully request that you address the following questions:

1. The GCI bid accepted by YKHC is for a 3Mbps Packet Service for \$24,753 per month. Please explain why GCI did not offer YKHC a lower priced alternative, such as the Hypernet Platinum Service. Based on your analysis of their needs, were there technical specifications that would prevent this service from being compatible with their existing equipment or the Tandberg Edge 95 MXP VTC equipment they purchased through GCI.
2. Please provide details of how GCI determined its bid price for this service. Such information is necessary for USAC to determine whether a health care provider has selected the most cost-effective service for its needs in a situation where there is only one bidder, and the service is sufficiently unique that USAC cannot readily determine if the service for which support is requested is fairly priced. We recognize that such information may be privileged and confidential and you may request nondisclosure of information you provide.

Sincerely,



Rekha Ayalur
Program Manager, USAC

cc: Jessica Kelly

ATTACHMENT M



YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

P.O. Box 528 • Bethel, Alaska 99559
(907) 543-6601 • Fax (907) 543-6570

Response to USAC Request for Information October 30, 2009

This document responds to the Universal Service Administrative Company's (USAC's) Second Request for Information, dated July 31, 2009 (SRFI). The SRFI seeks additional information from the Yukon-Kuskokwim Health Corporation (YKHC), this time in connection with YKHC's purchase of Video Teleconferencing Equipment (VTC), which did not involve USAC funds, as well as in connection with events that resulted in YKHC's current services contract with GCI Communication Corp. (GCI), HC-218.

As USAC is aware, YKHC provides health care services to 50 rural communities comprised principally of Alaska Natives and Native Americans who reside in rural and remote portions of southwest Alaska. YKHC's facilities include a regional hospital, Subregional Clinics, and local community-based clinics, which it refers to as Village Clinics. These facilities typically provide the only health care service options for the individuals and communities they serve. The services provided through these facilities include health promotion and disease prevention programs, dental services, behavioral health services, including psychiatric and substance abuse counseling and treatment, ophthalmological care, and environmental health services. Because many of YKHC's facilities are located in rural and remote regions in Alaska, many of these services are provided using telemedicine, which relies on broadband connectivity and advanced technologies such as medical telemetry, digital medical and dental imaging, and high definition video conferencing.

In an effort to ensure that the best possible medical care is provided to the individuals and communities that YKHC serves, YKHC has taken several steps over the past two years to effectuate a substantial upgrade and expansion of its various medical facilities. This upgrade and expansion has involved incorporating numerous recent advances in technology and telemedicine -- including the installation and use of Alaska Federal Health Care Access Network (AFHCAN) telemedicine carts and high-definition VTC equipment to transmit and receive medical information and facilitate telepsychiatry service -- to, for example, ensure that

patients who reside in rural, remote and sparsely populated portions of southwest Alaska can rely on the full panoply of resources in the YKHC network for their medical needs.

As USAC is aware, the funding for the VTC equipment that contributed to a substantial portion of YKHC's upgrade and expansion effort came from a \$500,000 matching grant provided by the Department of Agriculture's Rural Utilities Service (RUS). Additional information concerning this matching grant and YKHC's VTC equipment purchases is provided below in response to Question 1. Although YKHC purchased the VTC equipment through GCI, it did so without any USAC funds and solely because GCI was the only equipment vendor that offered to meet YKHC's equipment needs within the \$500,000 grant amount. YKHC understands that GCI was able to do this because GCI's status as a major regional vendor enabled it secure the equipment on more favorable terms that YKHC could have on its own.

YKHC's upgrade and expansion effort was a transformative event for YKHC that, to be truly effective, required substantial changes and improvements to the network services on which YKHC, and, in turn, this new equipment, would rely. YKHC at the time received network services from UUI. Although YKHC initially assumed that it would have to rely on UUI's network services to support this upgrade and expansion, and to continue to work with UUI (as it had been doing) in an effort to see those service improve, it eventually became clear to YKHC that UUI's asymmetric services and limited bandwidth capability would not meet YKHC's evolving needs. For instance, experience suggested that the level of bandwidth that UUI provided -- 1.5 mbps downstream and 512 kbps upstream in all locations -- would be insufficient to accommodate YKHC's use of telemedicine AFHCAN carts, high-definition VTC equipment, and administrative functions, including the use of high-speed Internet access, e-mail, VoIP telephony services and remote management support functionality, all of which today are critical to the day-to-day operation of YKHC's health facilities. And even if UUI was capable of increasing its bandwidth at these locations (which it was not), the asymmetric nature of UUI's network architecture meant that UUI would not be able to do so efficiently or in a cost-effective manner. Furthermore, even if the UUI network could have been modified to provide symmetric service, the UUI Agreement was limited to the provision of only asymmetric service. Any change in UUI's provision of asymmetric to symmetric service therefore would have required a new FCC Form 465 process and ultimately a new contract.

Among the reasons for UUI's limitations was that it relied on a combination of terrestrial- and satellite-based facilities to provide YKHC with broadband services. In YKHC's experience, these facilities -- and, in particular, the satellite-based facilities on which many of YKHC's Village Clinics depended entirely -- were routinely failing. In fact, YKHC over time developed a clear understanding of these satellite service failures after complaining about them on several

occasions to UUI and being referred to UUI's satellite subcontractor, DRS (formerly TAMSCO).¹ YKHC came to understand through these discussions that UUI was suffering financially, was unlikely to invest the resources necessary to improve its network, and that the level of satellite-based service that DRS was providing was unlikely to change. YKHC eventually came to understand that it could not depend on the services provided by UUI (and DRS), and this created concern for YKHC because YKHC knew that the success of its upgrade and expansion program could be maximized only with additional and more reliable bandwidth and network services.

It was against this backdrop that YKHC filed its FCC Form 465 on April 9, 2008, to notify all Eligible Telecommunications Carriers (ETCs) of the company's new service needs. YKHC at the time did not know or expect that it would be replacing its contract with UUI, but YKHC's FCC Form 465 was revised substantially from prior years and did not foreclose consideration of proposals from other service providers. YKHC certainly was not pleased with the level of service it was receiving from UUI, and YKHC had substantial reservations about whether its upgrade and expansion effort would yield its intended benefits if UUI remained the underlying service provider. Yet YKHC believed it had little choice at the time due to the lack of competitive alternatives in its region. As it happened, GCI at that same time was in the process of acquiring UUI and was the only ETC to respond to YKHC's FCC Form 465 filing. It was because of GCI's response, its ability to invest in developing a reliable, terrestrial network capable of delivering high-bandwidth, symmetric broadband services to all YKHC locations, and the subsequent negotiation of HC-218 to deliver those services, that GCI ultimately became YKHC's service provider.

YKHC is eager for USAC to conclude this inquiry. YKHC has responded fully to all of USAC's requests and YKHC believes that its responses demonstrate that the actions taken in connection with its purchase of the VTC equipment and its services contract with GCI complied fully with all applicable laws and regulations. It is YKHC's understanding that this inquiry has resulted in the delay by USAC of approximately \$9 million in reimbursable Universal Service Fund payments to GCI. Although GCI continues to provide YKHC with services under HC-218, YKHC is concerned that a further delay in these payments could at some point begin to adversely affect GCI's ability to deliver service to YKHC under the terms of HC-218. YKHC has invested substantial time, energy and resources into developing its communication and telemedicine capabilities between and among its various facilities. After a substantial amount of effort, these capabilities finally are working as designed, in large part due to GCI's network investment and provision of increased bandwidth and performance. Any

¹ We take this opportunity to note that the reference in our May 4, 2009, response that DRS today operates as Alaska Communications System was in error.

diminution in service would have a profound adverse effect on YKHC and its ability to serve its communities.

If, after reviewing the information provided below, USAC does not believe it can immediately issue a funding commitment letter, YKHC respectfully requests a meeting with USAC personnel so it can address and resolve any remaining concerns. Such a meeting likely would be more efficient and should lead to an expeditious and appropriate conclusion to this inquiry.

1. Please provide copies of the VTC equipment purchase contract, itemized invoices, and payment verification.

Copies of GCI's proposal for the VTC equipment, along with itemized invoices and payment verification for that equipment (the parties did not enter into a separate purchase contract), are provided in Attachment A to this submission. For ease of reference, a matrix summarizing the content of these documents also is included in Attachment A. The documents provided in Attachment A demonstrate that YKHC spent \$478,290 of the \$500,000 RUS matching grant amount to purchase the VTC equipment. No amount of USAC funding was used to finance YKHC's acquisition or installation of the VTC equipment.

2. Please disclose any other agreements or financial arrangements that YKHC or its employees have with GCI (to the extent YKHC knows or should know of such employee arrangements), including space or power leases, in addition to those for which support has been requested.

YKHC and GCI are parties to five agreements other than HC-218. The first is an "Interim Cellular Agreement," dated February 10, 2009; the second is a "Village Clinic Land Use and Space and Power Agreement," dated October 31, 2008; the third is an "Agreement for Non-USF-Eligible Video Teleconference Services," HC-235, dated August 17, 2008; the fourth is "Independent Contractor Agreement for Non-USF-Eligible Video Teleconferencing Services," HC-2, dated June 10, 2008; and the fifth is an "Independent Contractor Agreement for Connectivity Service," HC-203, dated April 24, 2008. Copies of these agreements are provided in Attachment B. GCI is the only entity that provides cellular service in YKHC's service region and the parties expect to replace the Interim Cellular Agreement with a permanent agreement once GCI makes mobile data services available later this year. YKHC anticipates that the service pricing set forth in the Interim Cellular Agreement will remain unchanged when the parties transition to a permanent agreement. Separately, numerous YKHC employees presumably rely on GCI for their personal wireline, wireless and/or cable television service at standard rates, terms and conditions. We do not believe any conflict of interest exists in connection with any of these agreements and we are not aware of any free services being provided -- or expected to be provided -- by GCI to YKHC or its employees.

3. Please detail the three phases of YKHC's VTC equipment purchase and installation and verify that GCI did not provide or support the equipment installation.

YKHC's purchase and installation of the VTC equipment was performed in three phases.

Phase I consisted of the installation of the equipment in YKHC's main hospital, in the McCann Treatment Center, and in the Bethel Community Health Services facility, each of which is located in Bethel, Alaska. All of these installations were performed by employees of YKHC's Information Technology department.

Phase II consisted of the installation of the equipment in four YKHC Subregional Clinics located in Emmonak, Aniak, Toksook Bay, and St. Mary's, Alaska.

Phase III consisted of the installation of the equipment in 33 YKHC Village Clinics. The specific equipment installation dates for each of the Subregional and Village Clinics were provided in YKHC's "Response to USAC Request for Information," dated May 4, 2009.

The Phase II and Phase III equipment installations in the Village Clinics (and portions of the Subregional Clinics) required new Category 5 cabling and electrical power upgrades. The terms of the RUS matching grant prevented YKHC from using any portion of that grant to finance equipment installation costs, and, at the time, YKHC estimated that combined installation costs for these locations would total over \$100,000. YKHC had not budgeted for this expense and did not have funds available at the time to finance these installation costs.

Fortunately, around this same time, the U.S. military was preparing to participate in Operation Artic Care 2009, an exercise involving the transportation of health care professionals, supplies, and equipment to remote villages in the Yukon-Kuskokwim Delta. Operation Artic Care is a joint military and civilian training exercise designed to simulate medical outreach plans in times of crisis, conflict or disaster. As part of this exercise, the U.S. Marine Corps provided two military electricians to help YKHC install the equipment, cabling and electrical power upgrades necessary to complete the VTC installation project in the Subregional and Village Clinics. This installation assistance was provided at the same time the military electricians were scheduled to upgrade other telemedicine equipment at each of these locations. The U.S. military did not charge YKHC for its assistance, and all travel costs to the Subregional and Village Clinics was financed by YKHC. No GCI personnel supported or were involved in the installation of the VTC equipment in any of these (or other) YKHC locations.

- 4. Please supplement your certification that the services are necessary for the provision of health care by describing exactly how these services are used to support needed medical services. Please detail how you determined the bandwidth demand appropriate to each site's request, including those not listed as receiving VTC equipment. Please do not just list device specifications, but explain the use in the provision of health care services sufficient to justify the bandwidth requested. If multiple high bandwidth devices may be**

used simultaneously, please explain the requirement for simultaneous use to validate it could not be handled by appropriate scheduling.

One of the principal applications for which YKHC purchased the Tandberg Edge 95 MXP equipment pertains to its provision of telepsychiatry services in remote regions of the Yukon-Kuskokwim Delta. The provision of effective telemedicine services is maximized through the use of full resolution, high definition video images. *See, e.g.,* LeRouge, "Quality Attributed in Telemedicine Video Conferencing," IEEE Computer Society, 35 Annual Hawaii International Conference on System Sciences, Volume 6, September 2002, at 3 (explaining that "the use of video conferencing for direct medical care requires the highest degree of video conferencing quality, given its direct and immediate impact on patient care"), *available at* <http://www2.computer.org/portal/web/csdl/doi/10.1109/HICSS.2002.994132>.

Although 1.5 mbps of symmetric bandwidth generally is required to support the transmission of ordinary full motion video, the transmission of high definition video images requires at least two mbps of symmetric bandwidth for diagnostic quality, high resolution video and audio transmissions. YKHC's Subregional Clinics operate two to three video conferencing systems per location. This means that they can -- and do -- accommodate multiple telepsychiatry sessions simultaneously, resulting in additional bandwidth requirements (five mbps) in these locations. Requiring these locations to schedule or "stagger" telepsychiatry and other sessions that rely on VTC equipment to reduce bandwidth needs would be highly inefficient and detrimental to YKHC's ability to serve its communities. Each YKHC Village Clinic in which VTC equipment has been installed operates only one video conferencing system and thus has slightly lesser bandwidth needs, but these Village Clinics nevertheless require three mbps on average for optimal operation, which consists not only of the provision of video-based, full motion, high definition telepsychiatry services but also other services, such as the transmission of images and data through AFHCAN telemedicine carts, access to hospital information systems and other clinical systems, and the use of other administrative functions such as e-mail, Internet access, VoIP telephony services, and remote management and support functionality.

YKHC does not dispute that its Tandberg Edge 95 MXP equipment technically may be able to function at a rudimentary level with 768 kbps of bandwidth. But, for purposes of full motion, high definition video conferencing, which is what is required to provide high-quality telepsychiatry service, 768 kbps of bandwidth would lead to poor video resolution and pixilation, compromise the value and effectiveness of YKHC's telepsychiatry services, and result in sluggish and ineffective service for YKHC personnel and the communities they serve.

The circuits serving the few Village Clinics in which VTC equipment has not been installed provide service at 1.5 mbps symmetric, as this level of bandwidth is needed to support non-VTC functions at these locations, including all of the non-VTC functions discussed above.

5. Please provide any notes, emails or other written analysis supporting your decision that GCI service under the new contract would be more cost-effective than operating as UUI under the existing contract. What information was considered to show that GCI would provide more reliable service?

The services that YKHC sought to obtain could not have been provided on a cost-effective basis under the UUI Agreement. One of the principal differences between the services provided under the UUI Agreement and the services proposed for (and now provided under) the current GCI Agreement is that the former provided only for asymmetric services of 1.5 mbps downstream and 512 kbps upstream at all locations, whereas the latter provides for symmetric services of five mbps (where two to three VTC equipment sets operate), three mbps (where one VTC equipment set operates), and 1.5 mbps (where no VTC equipment sets operate). In other words, the services proposed under the current GCI Agreement provided for symmetric (not asymmetric) service and for substantially more bandwidth than under the UUI Agreement. Furthermore, while the UUI Agreement provided for the delivery of services through a combined terrestrial- and satellite-based solution (which proved to be unreliable and limited), the GCI Agreement requires that services will be provided through a terrestrial-based network, where available. Thus, it is important to recognize at the outset that the network design and services provided under the UUI Agreement and the GCI Agreement are markedly and materially different.

One also cannot -- and should not -- draw conclusions (as the SRFI appears to do leading into Question 5) about the extent to which comments that may have been made by YKHC in 2003 regarding UUI's and GCI's service quality have any bearing on the ability of these companies to today meet YKHC's telecommunications needs. YKHC had high hopes for the services it expected to receive under the UUI Agreement when it entered into that contract in 2003. But it eventually became clear to YKHC during the course of the UUI Agreement that UUI would not be able to provide the sufficient level of service YKHC anticipated to support the upgrade and expansion it was developing. As an initial matter, the UUI Agreement did not provide for sufficient bandwidth to support fully YKHC's plans to deploy telepsychiatry and similar services that rely on two-way, high quality, high definition video conferencing capabilities. The asymmetric design of UUI's network contributed to this limitation. And even if the services UUI was providing could support video conferencing services in their most rudimentary form in at least some locations, YKHC was concerned that the quality of those services would be poor and that the connectivity would leave little to no remaining bandwidth to accommodate

all of the other medical and administrative needs of YKHC at each location. It also is worth noting that GCI's willingness to improve UUI's network design from asymmetric to symmetric ultimately reduced the total cost of YKHC's telecommunications needs. Had GCI sought to meet YKHC's telecommunications need with the same asymmetric network design UUI had used, or had YKHC continued to rely on UUI for it (had GCI not acquired UUI), then YKHC would have needed even more bandwidth to ensure that enough upstream bandwidth was available to accommodate YKHC's transmission needs, thereby increasing the total cost of the services provided to YKHC (and presumably the amount of reimbursement sought from USAC).

YKHC is not in a position to know whether UUI's declining performance in recent years contributed to its eventual acquisition by GCI. But what is clear to YKHC is that GCI was the only carrier to respond to YKHC's FCC Form 465 in 2008, and that GCI did so by proposing a level of bandwidth and service that YKHC needed to maximize its deployment of telemedicine solutions in the Yukon-Kuskokwim Delta.

YKHC does not possess any notes, e-mails or other written analyses that describe the analysis it undertook to determine that the services under the proposed GCI Agreement would be more cost-effective than the services provided under the UUI Agreement. But that should not be surprising. YKHC's decision to pursue a service arrangement with GCI was obvious and fundamental. In the first place, a simple comparison of the cost and bandwidth provided under the UUI Agreement and the GCI Agreement demonstrates that the GCI Agreement provides more bandwidth at a lower cost to YKHC on a per-megabyte basis:

	UUI Agreement	GCI Agreement
Price Per One Megabyte Per Second	\$5498	\$4579

Furthermore, it had become increasingly clear by then that UUI was not going to be capable of best meeting YKHC's evolving service needs. In earlier meetings with Steve Hamlen, UUI's president, to discuss the fundamental service problems that YKHC was experiencing, YKHC was informed that UUI did not possess the requisite funds to meet certain YKHC contract deployment deadlines. YKHC also had numerous discussions with Fletcher Brown of DRS, a subcontractor to UUI, during which it became clear to YKHC that DRS and its satellite solution also would not be able to accommodate YKHC's bandwidth needs. YKHC understood as a result that UUI was not going to be able to meet its commitments under the UUI Agreement, and, further, that unless something changed, the asymmetric nature of UUI's network architecture meant that UUI's solutions were not going to accommodate YKHC's technical needs, anyway. YKHC also understood that GCI's track record and resources had improved substantially in recent years, so, when GCI announced that it intended to acquire UUI and, in response to the posting of YKHC's FCC Form 465, offered to provide YKHC with the level of

bandwidth it needed on a symmetric basis pursuant to a timeline that accommodated YKHC's needs, YKHC was interested in pursuing that opportunity. GCI's willingness to provide YKHC with technical support on a 24/7 basis (as compared with UUI, which, as a practical matter, provided such support only during the business workday) was another factor that made GCI's bid attractive. YKHC's experience with UUI, its technical understanding of the service, bandwidth and network improvements that would be needed to support the upgrade and expansion of YKHC's telemedicine services, and the proposal filed by GCI in response to the FCC Form 465, together provided YKHC with a clear and fundamental basis for its decision to pursue a service arrangement with GCI.

- 6. Please provide copies of the monthly reports required under Section 5.02 of the 2004 UUI-YKHC contract for the final month such reports were made under that contract and for the months of January 2008, July 2007, January 2007 and July 2006. These reports are requested in conjunction with determining your prior quality of service and prior bandwidth demand. If you have other records documenting performance under the UUI contract such as YKHC reports not created by the vendor, please provide them as well.**

Copies of UUI's monthly reports for January 2008, July 2007, January 2007 and July 2006 are provided in Attachment C. Also provided in Attachment C is a copy of UUI's monthly report for July 2008, the last month for which such a report was provided to YKHC. These are the only performance reports that, to YKHC's knowledge, are available in connection with UUI's service to YKHC during these periods. It is worth noting in this regard that YKHC disagreed strongly with the data and conclusions provided in these performance reports, to the extent they indicated that UUI (and DRS) were meeting required performance benchmarks. But YKHC at the time did not have the appropriate mechanism in place to measure for itself this performance (YKHC has since put in place such a mechanism). Regardless, even if UUI's performance had been acceptable, its asymmetric network design, relatively low bandwidth, and monitoring and support capabilities would, to YKHC's knowledge, not have been capable of best fulfilling YKHC's evolving service needs.

- 7. Why were discussions concerning failure to deliver service under the UUI contract held with the subcontractor DRS rather than with UUI/GCI as the prime contractor? What efforts were undertaken after the purchase of UUI to obtain better performance from GCI?**

UUI relied on DRS to provide YKHC with connectivity through satellite services for the Village Clinics. During the course of the UUI Agreement, YKHC came to believe that the DRS satellite to which its services were assigned was failing, that this was occurring several years before any such failure was expected given the anticipated useful life of the satellite, and that this failure may have contributed to the service failures that YKHC was experiencing in its Village

Clinics. UUI either was unable or unwilling to provide YKHC with information regarding the satellite failure or, more generally, in connection with other satellite-related service failures, which is why YKHC took steps to consult DRS directly. YKHC informed both UUI and DRS -- and they were aware -- that YKHC would be participating in weekly conference calls between UUI and DRS that were set up to address this matter. After GCI announced its intention in late 2007 to acquire UUI, YKHC made known to GCI its dissatisfaction with the level of service it was receiving under the UUI Agreement. YKHC had similar discussions with AT&T, the only other service provider in the region that YKHC thought may be able to provide YKHC with the services it needed (it was not). All of these discussions were in the hope of finding a service provider that could better meet YKHC's needs. Ultimately, the only service provider willing and able to meet YKHC's needs was GCI, which furnished its service proposal to YKHC on May 7, 2008, 28 days after YKHC's FCC Form 465 publicly seeking service was posted on USAC's website, and entered into a contract for those services more than 90 days later, on August 12, 2008.

8. Please explain the delay between the installation of new circuits and the installation of VTC equipment, as listed in Attachment A [of USAC's SRFI].

As an initial matter, the average period between the contract start date and the VTC equipment installation dates was less than three months, not six months as the SRFI states. YKHC entered into the GCI Agreement on August 12, 2008, and the circuit start dates under that Agreement generally ranged from August to November, 2008. The VTC equipment was installed in YKHC's hospital in Bethel and in the Subregional Clinics within roughly 45 days of execution of the GCI Agreement. Although YKHC would have preferred to install the VTC equipment in its Village Clinics during this same period, its Village Clinics are scattered in remote regions of the Yukon-Kuskokwim Delta and, as explained above in response to Question 3, YKHC did not at that time possess the financial resources to complete the installations in its Village Clinics. The onset of winter in this remote region of rural Alaska further complicated the options available to YKHC at that time, as the weather alone sometimes can limit or restrict the ability to travel even short distances in that portion of the state. Fortunately, in early 2009, YKHC was able to utilize the resources of the U.S. Marine Corps during Operation Artic Care 2009 to complete the installations in the Village Clinics. It was during that period that the VTC equipment was installed at only minimal cost to YKHC. Notably, although the VTC equipment was not installed in the Village Clinics until early 2009, those Clinics nevertheless were using the circuits for other purposes -- such as for VoIP telephone service, e-mail, Internet connectivity, and other telemedicine activities -- beginning on the circuit start dates. Furthermore, it would not have made sense to install lower capacity circuits in these locations for temporary periods, only to have to replace them with higher capacity circuits a short time later.

* * *

Again, we hope that this information is helpful and sufficient to resolve any outstanding questions or concerns. If USAC does not believe it can immediately issue a funding commitment letter after reviewing this response, we would be pleased to meet with USAC personnel to address and resolve any remaining concerns.

ATTACHMENT N

Via Electronic Mail

July 31, 2009

Yukon-Kuskokwim Health Corporation
ATTN: Mr. David Hodges
P.O. Box 528
Bethel, AK 99559

Re: Second Request for Information

Mr. Hodges,

As you are aware, the Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) is continuing its review of Yukon-Kuskokwim Health Corporation's (YKHC) request for support of telecommunications and internet services from General Communications Inc. (GCI) for Funding Year 2008. We reviewed your May 4, 2009 response to our April 14, 2009 request for additional information and we require further clarification and validation of your services as it relates to your request for Universal Service support. Our requested responses are numbered below, prefaced with a discussion of each issue.

You replied that several weeks after February 5, 2008 you agreed to purchase 50 Tandburg Edge 95 MXP devices from GCI. While that did not involve Universal Service funds, the equipment is a significant aspect of your need for increased bandwidth. Your record should document that the selection of GCI as an equipment vendor and selection of GCI as a service provider were unrelated and that the equipment did not induce selection of GCI for a telecommunications service contract.

Information Request No 1. Please provide copies of the Video Teleconferencing VTC equipment purchase contract, itemized invoices, and payment verification.

Information Request No. 2. Please disclose any other agreements or financial arrangements that YKHC or its employees have with GCI (to the extent YKHC knows or should know of such employee arrangements), including space or power leases, in addition to those for which support has been requested.

We understand that such relationships may be appropriate and proper, but the intermingling of supportable and non-supportable services from GCI requires that we determine if there could have been a conflict of interest or Free Service Advisory

consideration (see <http://www.usac.org/sl/applicants/step06/free-services-advisory.aspx>) in the selection or support of GCI services.

You replied that proposals from vendors that bid to provide VTC equipment were unacceptable due to fees or charges for installation, but that GCI subsequently provided an acceptable bid that required YKHC to arrange installation on its own.

Information Request No. 3. Please detail the three phases of YKHC's VTC equipment purchase and installation and verify that GCI did not provide or support the equipment installation.

You replied that Tandberg Edge 95 MXP devices you purchased require T-1 service and that each site required an increase to 3Mbps service (or 5Mbps service for the regional clinics). However, specifications show that the Edge 95 MXP connects IP calls at 768kbps in Auto mode and the maximum connection is 2Mbps. The device also includes a data port and connections for numerous peripherals. Because the device could operate at its default mode and can support simultaneous voice and data connections, it is unclear why a T-1 connection could not support the device or how 3Mbps service would be fully utilized.

Information Request No. 4. Please supplement your certification that the services are necessary for the provision of health care by describing exactly how these services are used to support needed medical services. Please detail how you determined the bandwidth demand appropriate to each site's request, including those not listed as receiving VTC equipment. Please do not just list device specifications, but explain the use in the provision of health care services sufficient to justify the bandwidth requested. If multiple high bandwidth devices may be used simultaneously, please explain the requirement for simultaneous use to validate it could not be handled by appropriate scheduling.

Question #8 in our April 14th request asked YKHC to detail how it determined the new GCI contract was more cost-effective than the existing UUI contract. You replied that you compared the price of bandwidth and reliability under the previous contract to GCI's proposal and determined that the GCI proposal was more cost-effective. We have compared the performance agreement of GCI to the performance agreement with UUI and they are similar with only minor differences. Thus, comparison of the service agreement does not clearly show that the GCI agreement is more cost-effective.

Further, comparing the GCI contract to the UUI contract schedule for deployment of Hi-Cap Wireless Service, it does not appear that UUI was substantially behind schedule or that GCI would provide for more timely deployment. In fact, upon review of the contracts, the UUI contract had stringent financial penalties against UUI if they did not meet the deployment schedule, whereas the GCI contract does not contain any similar penalties.

In your original selection of UUI in 2003, your evaluation panel wrote concerning past performance, “UUI responds timely with good follow-up with current services and has been operation in the Y-K Delta for many years with good performance reputation. GCI’s current services are very poor.” This was repeated under risk assessment, “GCI’s past performance is poor and they have not shown willingness to change, so the risk of selecting them is huge. UUI has been in the Delta for many years, solid company and past performance is good.” Although we understand that after years of operating with UUI, your experience concerning their performance has changed, your experience with GCI service prior to the selection of UUI was also unsatisfactory and we need the information you relied on to determine that GCI is now more reliable. Thus, we encourage you to elaborate on the role of past performance in your selection of the most cost-effective service and to clarify how you concluded that GCI would offer better service under a new contract than under the existing UUI contract.

Information Request No. 5. Please provide any notes, emails or other written analysis supporting your decision that GCI service under the new contract would be more cost-effective than operating as UUI under the existing contract. What information was considered to show that GCI would provide more reliable service?

Information Request No. 6. Please provide copies of the monthly reports required under Section 5.02 of the 2004 UUI-YKHC contract for the final month such reports were made under that contract and for the months of January 2008, July 2007, January 2007 and July 2006. These reports are requested in conjunction with determining your prior quality of service and prior bandwidth demand. If you have other records documenting performance under the UUI contract such as YKHC reports not created by the vendor, please provide them as well.

In your response you detailed conference calls with UUI and DRS to resolve performance issues, but it appears the discussion with UUI ended about the time of GCI’s purchase of UUI, and discussions were then initiated with the subcontractor, DRS.

Information Request No. 7. Why were discussions concerning failure to deliver service under the UUI contract held with the subcontractor DRS rather than with UUI/GCI as the prime contractor? What efforts were undertaken after the purchase of UUI to obtain better performance from GCI?

We are concerned by the delay between installation of new service under the GCI contract and installation of the VTC equipment at YKHC sites, which appears to average six months. We recognize that it is not possible to coordinate perfectly the installation of

equipment and the installation of new service, but this delay is excessive and we are unclear how the new service was used for the provision of health care until the VTC equipment was installed.

Information Request No. 8. Please explain the delay between the installation of new circuits and the installation of VTC equipment, as listed in Attachment A.

We appreciate your continued cooperation with our review and your full and prompt response to these issues. Please contact us if additional clarification of these issues is required.

Sincerely,

RHCD

Second Request for Information

Dated: July 31, 2009

Attachment A

HCP	HCP Name	Circuit Start Date	VTC Install Date
10174	Nighmute Clinic	8/16/2008	1/30/2009
10175	Nunapithuk	11/1/2008	1/20/2009
10176	Oscarville Clinic	8/14/2008	
10177	Pilot Station Clinic	10/17/2008	1/26/2009
10178	Pitkas Point Clinic	8/14/2008	
10179	Quinhagak Clinic	8/16/2008	1/20/2009
10181	Russian Mission Clinic	10/18/2008	1/23/2009
10182	St. Mary's	8/16/2008	9/23/2008
10183	Scammon Bay Clinic	9/25/2008	2/2/2009
10184	Shageluk Clinic	11/11/2008	1/26/2009
10185	Sheldon Point Clinic	11/1/2008	1/26/2009
10186	Sleetmute Clinic	11/15/2008	
10187	Stony River Clinic	11/15/2008	
10188	Toksook Bay Clinic	8/16/2008	9/26/2008
10189	Tuluksak Clinic	9/20/2008	1/22/2009
10190	Tuntuntuliak	8/23/2008	1/22/2009
10191	Tununak Clinic	8/23/2008	2/2/2009
10192	Crooked Creek Clinic	11/5/2008	
10193	Eek Clinic	8/16/2008	1/20/2009
10194	Emmonak Clinic	11/1/2008	9/26/2008
10195	Grayling Clinic	11/11/2008	1/19/2009
10196	Holy Cross	11/21/2008	1/23/2009
10197	Hooper Bay Clinic	11/1/2008	
10198	Lower Kalskag	11/1/2008	1/22/2009
10199	Upper Kalskag	8/16/2008	1/22/2009
10200	Kasigluk Clinic	10/22/2008	1/20/2009
10201	Kipnuk Clinic	8/16/2008	1/26/2009
10203	Kongiganak	8/16/2008	1/28/2009
10204	Kotlik Clinic	11/18/2008	1/26/2009
10205	Kwethluk	10/22/2008	1/22/2009
10206	Kwigillingok Clinic	8/16/2008	1/28/2009
10207	Lime Village Clinic	11/18/2008	
10208	Marshall	8/16/2008	1/19/2009
10209	Mekoryuk Clinic	9/18/2008	1/29/2009
10210	Mountain Village Clinic	8/16/2008	1/26/2009
10211	Aklachak Native Comm Clinic	10/17/2008	2/2/2009
10212	Akiak	8/23/2008	1/22/2009
10213	Alakanuk Clinic	11/1/2008	1/26/2009
10214	Aniak	8/16/2008	9/16/2008
10215	Anvik Clinic	11/5/2008	
10216	Atmautluak Clinic	10/22/2008	1/21/2009
10218	Chefornak Clinic	8/16/2008	1/26/2009
10219	Chevak Clinic	11/1/2008	1/28/2009
10220	Chuathbaluk	8/14/2008	
10221	Napakiak Clinic	8/14/2008	
10222	Napaskiak	10/21/2008	1/19/2009
10223	Newtok Clinic	9/18/2008	1/30/2009

ATTACHMENT O



YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

P.O. Box 528 • Bethel, Alaska 99559
(907) 543-6601 • Fax (907) 543-6570

Response to USAC Request for Information May 4, 2009

This document responds to the Universal Service Administrative Company's (USAC's) Request for Information, dated April 14, 2009 (RFI). The RFI seeks information from the Yukon-Kuskokwim Health Corporation (YKHC), principally in connection with the competitive bid process that resulted in YKHC's contract with GCI Communications (GCI), HC-218.

YKHC is a provider of health care services to 50 rural communities comprised principally of Alaska Natives and Native Americans who reside in remote portions of southwest Alaska. The facilities and services provided by YKHC include community clinics and sub-regional clinics, a regional hospital, dental services, behavioral health services, including substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

YKHC is a recipient of support from the Universal Service Fund's Rural Health Care Program. YKHC greatly appreciates the support provided by this Program, which helps facilitate YKHC's provision of telemedicine, telepsychiatry, and similar services to Alaska Natives and Native Americans in rural and remote regions in the state. Absent funding from the Program, YKHC could not afford to pay for the telecommunications services made possible by the Program -- services on which YKHC's hospital, sub-regional and regional clinics, and other facilities depend. Put simply, the support provided by the Program is critical to YKHC's ability to provide effective and dependable health care services and solutions to the people of southwest Alaska.

As a recipient of Program support, YKHC takes seriously its obligation to adhere to all Program conditions and requirements, including those pertaining to the competitive bid process for Program services. YKHC notes in this regard that USAC recently completed an independent audit of YKHC's compliance with the Rural Healthcare Support Mechanism Rules for Funding Years 2006 and 2007 and concluded "that YKHC was compliant with the Rules for the funding years reviewed." See USAC Memo from Wayne Scott, Internal Audit Division, to William England, Rural Health Care Division, March 16, 2009, at 2. A copy of the USAC Memo that sets forth this finding is provided in Attachment 1. Notably, the independent audit completed by

USAC included a review of YKHC's compliance with competitive bidding requirements, *see id.* at 3, and, in this regard, YKHC's compliance practices in 2008 were materially identical to its practices in 2006 and 2007. YKHC therefore believes that it has at all times met its obligations and complied with Program rules and applicable laws. It is with this understanding that YKHC is providing the information below.

1. In prior discussions, YKHC indicated the need for an increase in bandwidth due to installation of new Video Teleconferencing Equipment (VTC). When was this equipment purchased and installed? What are the minimal and optimal bandwidth requirements? Please provide a list by YKHC site of the equipment at each site and when it was installed.

YKHC purchased and installed VTC equipment in three phases. YKHC's earliest purchase of VTC equipment was on May 5, 2008, and YKHC began installation of this equipment on July 21, 2008. Later purchases and installations occurred thereafter in various phases. The equipment was purchased and installed to facilitate YKHC telemedicine and telepsychiatry services as well as meetings and training sessions, with the goal of reducing patient travel costs and, more generally, improving healthcare services to patients in the remote regions served by YKHC.

The minimum and optimal bandwidth requirements for the use of the VTC equipment purchased are the same: 1.5 mbps is required for full motion video.

The matrix below identifies the VTC equipment purchased by YKHC, the site at which the equipment was installed, and the date (or the range of dates) during which installation occurred.

VTC EQUIPMENT	SITE	DATE(S) OF INSTALLATION
9-Tandburg Edge 95 end-points	Bethel, Alaska	8/6/2008 – 2/6/2009
2-Tandburg Edge 95 end-points	Aniak Sub Region Clinic	9/16/2008
2-Tandburg Edge 95 end-points	Emmonak Sub Region Clinic	9/26/2008
2-Tandburg Edge 95 end-points	Toksook Bay Sub Region Clinic	9/26/2008
2-Tandburg Edge 95 end-points	St. Mary's Sub Region Clinic	9/23/2008
1-Tandburg Edge 95 end-point	Akiachak Village Clinic	2/2/2009
1-Tandburg Edge 95 end-point	Akiak Village Clinic	1/22/2009
1-Tandburg Edge 95 end-point	Alakanak Village Clinic	1/26/2009
1-Tandburg Edge 95 end-point	Atmautlak Village Clinic	1/21/2009
1-Tandburg Edge 95 end-point	Chefornak Village Clinic	1/26/2009
1-Tandburg Edge 95 end-point	Chevak Village Clinic	1/28/2009
1-Tandburg Edge 95 end-point	Eek Village Clinic	1/20/2009
1-Tandburg Edge 95 end-point	Grayling Village Clinic	1/19/2009

VTC EQUIPMENT	SITE	DATE(S) OF INSTALLATION
1-Tandburg Edge 95 end-point	Holy Cross Village Clinic	1/23/2009
1-Tandburg Edge 95 end-point	Marshall Village Clinic	1/19/2009
1-Tandburg Edge 95 end-point	Kasigluk Village Clinic	1/20/2009
1-Tandburg Edge 95 end-point	Kipnuk Village Clinic	1/26/2009
1-Tandburg Edge 95 end-point	Kongiganak Village Clinic	1/28/2009
1-Tandburg Edge 95 end-point	Kotlik Village Clinic	1/26/2009
1-Tandburg Edge 95 end-point	Kwethluk Village Clinic	1/22/2009
1-Tandburg Edge 95 end-point	Kwigillingok Village Clinic	1/28/2009
1-Tandburg Edge 95 end-point	Lower Kalskag Village Clinic	1/22/2009
1-Tandburg Edge 95 end-point	Mekoryuk Village Clinic	1/29/2009
1-Tandburg Edge 95 end-point	Mt. Village Village Clinic	1/26/2009
1-Tandburg Edge 95 end-point	Napaskiak Village Clinic	1/19/2009
1-Tandburg Edge 95 end-point	Newtok Village Clinic	1/30/2009
1-Tandburg Edge 95 end-point	Nightmute Village Clinic	1/30/2009
1-Tandburg Edge 95 end-point	Nunapitchuk Village Clinic	1/20/2009
1-Tandburg Edge 95 end-point	Quinhagak Village Clinic	1/20/2009
1-Tandburg Edge 95 end-point	Pilot Station Village Clinic	1/26/2009
1-Tandburg Edge 95 end-point	Russian Mission Village Clinic	1/23/2009
1-Tandburg Edge 95 end-point	Scammoon Bay Village Clinic	2/2/2009
1-Tandburg Edge 95 end-point	Shageluk Village Clinic	1/26/2009
1-Tandburg Edge 95 end-point	Sheldon's Point Village Clinic	1/26/2009
1-Tandburg Edge 95 end-point	Tuluksak Village Clinic	1/22/2009
1-Tandburg Edge 95 end-point	Tuntutuliak Village Clinic	1/22/2009
1-Tandburg Edge 95 end-point	Tununak Village Clinic	2/2/2009
1-Tandburg Edge 95 end-point	Upper Kalskag Village Clinic	1/22/2009

2. In prior discussions, YKHC indicated that it released a Request for Proposals (RFP) for VTC Network Solutions on November 1, 2007. However, on February 5, 2008, vendors were notified that the RFP for VTC Network Solutions was cancelled. The notice indicated that the bidders would remain on a list and would be notified if the solicitation was re-issued. Was the RFP re-issued? If so, when? Please document how vendors were notified or how the new solicitation was publicized. Although the VTC solicitation is not of interest to USAC per se, we are concerned that cancelling this procurement might have caused vendors to conclude that because the VTC equipment procurement was delayed, the need for additional bandwidth solicited by YKHC on the FCC Form 465 which referenced the

need to support VTC, might also be delayed until the VTC RFP was reissued. Please provide an explanation as to why that would not have been the case.

YKHC released the RFP for VTC Network Solutions on November 14, 2007. A copy of that RFP is provided in Attachment 2 to this response. Although the RFP did not specify it, funding for the VTC Network System was provided through a \$500,000 grant from the U.S. Department of Agriculture, Rural Utility Service division.

YKHC engaged in pre-proposal meetings with approximately 12 vendors who expressed an interest in responding to the RFP. YKHC also hosted follow up question-and-answer sessions with these vendors. Eight of these 12 vendors subsequently demonstrated their equipment to YKHC. It became clear to YKHC during these demonstrations that each vendor proposed to sell the same VTC equipment to YKHC -- equipment that was manufactured by either Tandberg or Polycom. Each vendor proposal also incorporated fees and charges that, in YKHC's view, prevented YKHC from maximizing its ability to purchase all of the VTC equipment it was seeking. YKHC therefore decided to cancel the RFP and consider whether it could purchase and install the VTC equipment on its own. YKHC transmitted a notice to all vendors on February 5, 2008, informing them that the RFP was cancelled. A copy of the RFP cancellation notice is provided in Attachment 2 to this response. Several weeks thereafter, YKHC was approached by GCI with an offer to provide YKHC with all of the VTC equipment it needed within the \$500,000 grant amount, provided YKHC arranged to install the equipment on its own. YKHC agreed to this proposed arrangement.

Notably, the RFP did not solicit proposals for any services provided by or funded through the Universal Service Fund Rural Health Care Program; and neither the RFP nor the cancellation notice contained any language or information suggesting that the proposal sought for the VTC Network System was connected with -- or in any way dependent upon -- the provision of services to YKHC. Vendors and service providers therefore would have had no basis to conclude that the cancellation of the RFP for VTC equipment on February 5, 2008, corresponded in any way to the T-1 services subsequently sought by YKHC in the FCC Forms 465 that we filed more than two months later on April 9, 2008. Furthermore, to the extent a vendor or service provider made this assumption, it should quickly have realized its error once YKHC filed its FCC Forms 465 on April 9, 2008, as those Forms specified that services were being sought to support, among other things, VTC services.

- 3. For the past several years, all FCC Form 465s for YKHC have said "To transmit patient health care data and medical images for health aide to physician consultation and specialty physicians per existing contract." It was well known in Alaska, this meant per the existing five year UUI contract that YKHC signed August 3, 2004. In 2007, we discussed your desire to add T-1s to your existing service for HCP 10217 (Bethel), and we said that**

was a cardinal change that could not be done "per existing contract". We recommended that you modify FCC Form 465 line 29 and repost the form to remove the "per existing contract" language and make it clear you are seeking new services. In response you added "To add additional TIs or greater for supporting additional healthcare service needs" to the form, but kept "per existing contract" in the prior sentence. On the 2008 FCC Form 465s for the remaining YKHC sites for which you did not seek additional services in Funding Year 2007, you removed the "per existing contract" language and added: "Additional T-Is or greater are required for supporting additional healthcare service needs and technology requirements." That was sufficient to say you were seeking additional T-Is not under the original contract, but "additional" may not imply replacing the original contract when you had two years remaining on the contract and had repeatedly posted Form 465s seeking services under the existing contract. Please document any additional steps you may have taken to insure that vendors knew you were considering replacement of the existing contracted services, rather than simply adding additional services.

On April 9, 2008, YKHC filed FCC Forms 465 seeking services to support its healthcare business throughout its region. These Forms subsequently were posted to USAC's website. It has long been YKHC's understanding that the posting of these Forms to USAC's website amounts to an invitation to service providers to bid to provide the services, irrespective of whether an agreement already may be in place to provide such services. Indeed, USAC's own summary of the Rural Healthcare Program process verifies this understanding:

When a Form 465 is received from a new applicant, USAC confirms eligibility. Once USAC reviews a Form 465 and determines it is complete, it is posted on the USAC website and a letter is sent to the health care provider to confirm the posting. The posting invites service providers to bid to provide services. The posting date starts the 28-day competitive bidding process. All health care providers expecting support must complete the 28-day posting requirement before entering into an agreement to purchase services with a service provider.

See <http://www.usac.org/rhc/about/process-overview.aspx> . YKHC's FCC Forms 465 made no reference to an existing contract. To the extent the Forms used the word "additional" to describe the T-1 lines sought, the use of that word was accurate -- YKHC already was being served by one T-1 line and needed others.

Significantly, at the time YKHC filed these Forms, it did not expect that it would be replacing its existing contract for services. YKHC was operating under the UUI Agreement at that time and assumed that it would continue to operate under that Agreement, principally because it was not aware of any other service provider that could provision terrestrial broadband connectivity in southwestern Alaska. For instance, earlier in 2008, YKHC approached AT&T to inquire as to

why AT&T routinely did not bid to provide YKHC with service. (YKHC was dissatisfied with the level of service it was receiving under the UUI Agreement and was eager for a potential choice of providers.) AT&T responded that it could not serve the Yukon- Kuskokwim Delta with anything other than a T-1 line leased from UUI or satellite connectivity, and that it could not compete on price with the former and could not provide the reliability YKHC was seeking with the latter.

In late 2007, GCI announced that it entered into an agreement to acquire UUI. YKHC made its dissatisfaction with the level of service it was receiving under the UUI Agreement known to GCI during the pendency of GCI's merger with UUI. GCI subsequently agreed to improve and expand upon that service by providing YKHC with the increased bandwidth and reliability it needed to provide healthcare services to its community. But the GCI proposal that resulted in the new services agreement was provided to YKHC on May 7, 2008, more than 28 days *after* YKHC's service needs were publicly known by the posting of its FCC Forms 465 on USAC's website on April 9, 2008.

- 4. We are also concerned that in conversations with USAC throughout 2008, you repeatedly said you were not seeking to replace the existing contract and that although GCI had purchased UUI, a SPIN change would not be necessary because GCI would continue to operate under the UUI SPIN. If that is the explanation we were getting, we assume any vendor that called would have gotten the same explanation, which would have discouraged them from bidding for the existing services, although they might have considered bidding for the additional services. If that is not the case, please explain how a potential vendor could have known of YKHC's intent to replace its existing contracted vendor with a new vendor.**

YKHC is not aware of making any such statements to USAC or to others. If a potential alternative service provider had called, YKHC would have welcomed its bid because it was dissatisfied with the level of service it was receiving under the UUI Agreement. When YKHC learned that GCI had entered into an agreement to purchase UUI in late 2007, YKHC hoped that the level of service it was receiving under the UUI Agreement would improve; but, again, YKHC had no expectation at the time it filed its FCC Forms 465 on April 9, 2008, that it would be replacing its existing contract or contracted vendor (UUI) with a new vendor.

- 5. In a conversation between David Hodges and Bill England on March 19, 2008, David indicated that he was new to YKHC and taking over the Universal Service application process. He said he was unhappy with the existing services and was interested in upgrading service. Bill reiterated that the Form 465s must indicate YKHC is soliciting new service. Bill suggested David reach out to known potential vendors in Alaska to make it clear that YKHC was seeking more than was covered by the current contract with UUI and**

to avoid vendors who might contend YKHC did not have an opportunity to bid. Please indicate if or how vendors were notified of YKHC's need for new services and what conversations or emails pertaining to bidding for new services may have taken place, including discussions or email.

As noted above in response to Question 3, it has long been YKHC's understanding that the posting of approved FCC Forms 465 to USAC's website amounts to an invitation to service providers to bid to provide the services. Potential service providers therefore were notified of YKHC's service needs through the posting of YKHC's FCC Forms 465 on April 9, 2008.

Notably, the Yukon- Kuskokwim Delta, the area served by YKHC, is located in a remote portion in southwest Alaska. The number of potential service providers in this area are few. Both then and today, YKHC was aware of only one service provider (UUI, now GCI) that could offer terrestrial-based services (and only in portions of the region). The only other service provider of which YKHC was aware was DRS (now Alaska Communications Systems), and that provider offered only satellite-based connectivity which did not meet YKHC's service needs. DRS, in fact, operated as a subcontractor to UUI to provide services under the UUI Agreement, and YKHC was in regular communication with DRS in early 2008 because the services provided by DRS to YKHC were routinely failing.

6. Please provide any written documentation between YKHC and GCI regarding the need for change or upgrading of services at YKHC sites.

See (1) GCI's written proposal to YKHC, dated May 7, 2008, which resulted in HC-218 (Attachment 4); and (2) GCI's written proposal to YKHC, dated April 15, 2008, to upgrade YKHC's internet services in response to an YKHC's FCC Form 465 filing of April 9, 2008 (Attachment 5).

7. Did YKHC contact UUI to discuss the need for an increase in bandwidth? If so, please provide any written communication between the parties regarding the need for YKHC to obtain additional bandwidth. Was there any reason to believe that UUI was unwilling or unable to provide the necessary increase in bandwidth?

Representatives of YKHC participated in a number of discussions with UUI President, Steve Hamlin, and with Fletcher Brown of DRS, during which the parties discussed YKHC's need for an increase in bandwidth. The dates and times on which those discussions occurred are set forth below.

DATE	TIME	DESCRIPTION
8/3/2007	9:30 a.m.	Conference call with Steve Hamlin re: UUI Agreement
8/3/2007	12:00 p.m.	Conference call with Steve Hamlin re: UUI Agreement
8/22/2007	12:00 p.m.	Meeting in Anchorage with Steve Hamlin re: UUI service issues

10/12/2007	1:30 p.m.	Conference call with Steve Hamlin re: cell network paging services
10/24/2007	9:00 a.m.	Meeting with GCI regarding GCI merger with UUI and UUI service issues
12/7/2007	1:00 p.m.	VTC presentation by DRS
2/13/2008	8:00 a.m.	Conference call with Fletcher Brown re: satellite issues
2/13/2008	9:00 a.m.	Conference call with Steve Hamlin and Fletcher Brown re: satellite issues
2/20/2008	8:00 a.m.	Conference call with Fletcher Brown re: satellite issues
3/5/2008	9:00 a.m.	Conference call with Fletcher Brown re: satellite issues
3/12/2008	9:00 a.m.	Conference call with Fletcher Brown re: satellite issues
3/19/2008	9:00 a.m.	Conference call with Fletcher Brown re: satellite issues
4/16/2008	9:00 a.m.	Conference call with Fletcher Brown re: satellite issues
4/30/2008	9:00 a.m.	Conference call with Fletcher Brown re: satellite issues

YKHC understood at the time that UUI was suffering financially and was unlikely to be in a position to invest further in its network. UUI also was behind (by roughly 18 months) on the timetable for constructing facilities to serve YKHC pursuant to the agreement between the parties. So, it was not clear to YKHC that UUI (or DRS) would be in a position to meet any new commitments, such as the provision of additional bandwidth.

8. Who was involved in selecting GCI as the new vendor? What analysis was performed to determine that the new contract was more cost-effective than continuing service under the existing UUI contract, possibly by adding service to the existing contract? Please detail how YKHC determined that the new contract was more cost-effective than the old contract.

YKHC did not “select” GCI as its vendor. GCI became YKHC’s vendor by acquiring UUI, YKHC’s vendor at the time. YKHC was willing to negotiate and enter into a new contract with GCI because GCI proposed to commit to satisfy YKHC’s expanded bandwidth needs while at the same time provide YKHC with the service level agreements and other commitments it was seeking. GCI’s proposal was made to YKHC on May 7, 2008.

YKHC’s Chief Information Officer, David Hodges, was the individual at YKHC with principal responsibility for evaluating the terms of the proposal offered by GCI. Mr. Hodges evaluated those terms by comparing the price of throughput, or bandwidth, offered by GCI and the reliability afforded by GCI’s proposed connectivity to the price, bandwidth and reliability of services provided under the UUI agreement. Mr. Hodges concluded on this basis that although YKHC’s monthly spend would more than double from \$400,000 to almost \$1M per month, the amount of bandwidth it was purchasing would increase by approximately five times between its location in Bethel and Anchorage, and increase up to three times in each of YKHC’s five sub region clinics. Furthermore, under the GCI proposal, YKHC would receive improved connectivity

to each of its 51 village clinics. This improved reliability further justified the increase in cost. It is important to note that YKHC's ability to provide health care services to its community was severely hampered by the limited bandwidth and connectivity problems it experienced under the UUI Agreement. As a result of increased bandwidth and reliability, YKHC today can provide more effective telemedicine service, including telepsychiatry and teleradiology services, as well as video conferencing services, none of which were supported adequately under the UUI Agreement.

9. Please provide documentation of when YKHC notified UUI of its intention to terminate the UUI-YKHC contract and also when the contract was actually terminated.

The GCI Agreement was executed on August 12, 2008. Section 3(d) of the GCI Agreement specified that YKHC and UUI were to terminate the UUI Agreement by mutual consent within 14 days of the execution of the GCI Agreement. The UUI Agreement was terminated by mutual consent effective August 13, 2008, through a termination agreement dated October 31, 2008. A copy of the termination agreement is provided in Attachment 6. As a practical matter, the delay in executing the termination agreement had no material effect on the parties or the terms of service, as GCI was a successor-in-interest to UUI.

* * *

Again, YKHC appreciates the opportunity to present this information in response to the RFI. YKHC assumes that the entirety of its response will be subject to confidential treatment. Please inform us if this is not the case. YKHC has endeavored to respond fully to each question. Should you have any questions about our responses or require additional information, please do not hesitate to contact us.

LIST OF ATTACHMENTS

1. USAC Memo from Wayne Scott, Internal Audit Division, to William England, Rural Health Care Division, March 16, 2009
2. YKHC Request for Proposal, VTC Network System (November 14, 2007)
3. YKHC Cancellation Notice, VTC Network System (February 5, 2008)
4. GCI's written proposal to YKHC, dated May 7, 2008, which resulted in HC-218
5. GCI's written proposal to YKHC, dated April 15, 2008, to upgrade YKHC's internet services
6. YKHC/UUI Termination Agreement, effective August 13, 2008, executed October 31, 2008

ATTACHMENT P

Via Electronic Mail

April 14, 2009

Yukon-Kuskokwim Health Corporation
ATTN: Mr. Joseph Shawler
P.O. Box 528
Bethel, AK 99559

Re: Request for Information

Mr. Shawler,

As you know, the Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) is reviewing Yukon-Kuskokwim Health Corporation (YKHC's) competitive bid process that led to selecting GCI Communications (GCI) as the new service provider for telecommunications and internet services for YKHC sites for Funding Year 2008.¹ In addition to reviewing the competitive bidding process, we are reviewing the substantial increase in cost that appears to have occurred under the new contract compared to the existing contract. We have received and reviewed a copy of the new GCI-YKHC contract number HC-218. We write to you as the FCC Form 465 site and mailing contact for procurement of these services, to reconcile several aspects of this process that have raised questions related to FCC program requirements.

To assist us in reviewing your request for support of these new services, please address these questions:

1. In prior discussions, YKHC indicated the need for an increase in bandwidth due to installation of new Video Teleconferencing Equipment (VTC). When was this equipment purchased and installed? What are the minimum and optimal bandwidth requirements? Please provide a list by YKHC site of the equipment at each site and when it was installed.
2. In prior discussions, YKHC indicated that it released a Request for Proposals (RFP) for VTC Network Solutions on November 1, 2007. However, on February 5, 2008, vendors were notified that the RFP for VTC Network Solutions was cancelled. The notice indicated that the bidders would remain on a list and would

¹ USAC is not reviewing the five connections that were procured for the Bethel locations via the Funding Year 2007 competitive bid process. USAC is only reviewing the competitive bid process that led to YKHC signing contract HC-218 with GCI Corporation.

- be notified if the solicitation was re-issued. Was the RFP re-issued? If so, when? Please document how vendors were notified or how the new solicitation was publicized. Although the VTC solicitation is not of interest to USAC per se, we are concerned that cancelling this procurement might have caused vendors to conclude that because the VTC equipment procurement was delayed, the need for additional bandwidth solicited by YKHC on the FCC Form 465 which referenced the need to support VTC, might also be delayed until the VTC RFP was reissued. Please provide an explanation as to why that would not have been the case.
3. For the past several years, all FCC Form 465s for YKHC have said "To transmit patient health care data and medical images for health aide to physician consultation and specialty physicians per existing contract." It was well known in Alaska, this meant per the existing five year UUI contract that YKHC signed August 3, 2004. In 2007, we discussed your desire to add T-1s to your existing service for HCP 10217 (Bethel), and we said that was a cardinal change that could not be done "per existing contract". We recommended that you modify FCC Form 465 line 29 and repost the form to remove the "per existing contract" language and make it clear you are seeking new services. In response you added "To add additional T1s or greater for supporting additional healthcare service needs" to the form, but kept "per existing contract" in the prior sentence. On the 2008 FCC Form 465s for the remaining YKHC sites for which you did not seek additional services in Funding Year 2007, you removed the "per existing contract" language and added: "Additional T-1s or greater are required for supporting additional healthcare service needs and technology requirements." That was sufficient to say you were seeking additional T-1s not under the original contract, but "additional" may not imply replacing the original contract when you had two years remaining on the contract and had repeatedly posted Form 465s seeking services under the existing contract. Please document any additional steps you may have taken to insure that vendors knew you were considering replacement of the existing contracted services, rather than simply adding additional services.
4. We are also concerned that in conversations with USAC throughout 2008, you repeatedly said you were not seeking to replace the existing contract and that although GCI had purchased UUI, a SPIN change would not be necessary because GCI would continue to operate under the UUI SPIN. If that is the explanation we were getting, we assume any vendor that called would have gotten the same explanation, which would have discouraged them from bidding for the existing services, although they might have considered bidding for the additional services.

If that is not the case, please explain how a potential vendor could have known of YKHC's intent to replace its existing contracted vendor with a new vendor.

5. In a conversation between David Hodges and Bill England on March 19, 2008, David indicated that he was new to YKHC and taking over the Universal Service application process. He said he was unhappy with the existing services and was interested in upgrading service. Bill reiterated that the Form 465s must indicate YKHC is soliciting new service. Bill suggested David reach out to known potential vendors in Alaska to make it clear that YKHC was seeking more than was covered by the current contract with UUI and to avoid vendors who might contend YKHC did not have an opportunity to bid. Please indicate if or how vendors were notified of YKHC's need for new services and what conversations or emails pertaining to bidding for new services may have taken place, including discussions or email.
6. Please provide any written documentation between YKHC and GCI regarding the need for change or upgrading of services at YKHC sites.
7. Did YKHC contact UUI to discuss the need for an increase in bandwidth? If so, please provide any written communication between the parties regarding the need for YKHC to obtain additional bandwidth. Was there any reason to believe that UUI was unwilling or unable to provide the necessary increase in bandwidth?
8. Who was involved in selecting GCI as the new vendor? What analysis was performed to determine that the new contract was more cost-effective than continuing service under the existing UUI contract, possibly by adding service to the existing contract? Please detail how YKHC determined that the new contract was more cost-effective than the old contract.
9. Please provide documentation of when YKHC notified UUI of its intention to terminate the UUI-YKHC contract and also when the contract was actually terminated.

We will hold our review until these issues are resolved, and we respectfully request a reply by May 4, 2009. You may request longer to research and reply to these issues, but otherwise, if you do not respond by May 4, 2009, we will continue our review without the benefit of your explanations.

Mr. Joseph Shawler
April 14, 2009
Page 4 of 4

We are happy to answer any clarifying questions that YKHC may have. We look forward to hearing from you soon and appreciate your cooperation.

Sincerely,

RHCD

ATTACHMENT Q

2008

Proposal for YKHC Telecommunications Services



GCI Communication Corporation

5/7/2008



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Executive Summary

This proposal is in response to the Form 465 your organization filed for USF funding. We shaped our service offering on your requests and an understanding of your organization, derived from time spent with your staff during recent video conferencing demos. This solution is designed to mirror your 4 Tier Health Delivery System. By providing matching technology to each level of your health system—village services, sub regional services, regional services, and extra regional services—we are offering YKHC an efficient, complementary telecommunications network.

Your Bethel-based medical leadership appears keenly focused on ensuring the excellent health of your community and maintaining a realistic view of the challenges of delivering medical and behavioral health services throughout your region. Based on the technical assistance we provided during the assessment of your network's performance, prior to the Internet upgrade, it is evident that your information-management team does an outstanding job managing the largest rural health-information network in Alaska and pursuing technological and budget efficiencies.

The network design created by GCI and outlined in this proposal will provide YKHC with state-of-the-art network infrastructure. It will more efficiently distribute your upgraded Internet access to all Bethel and village locations. Most importantly, it will enable YKHC with a next-generation, wide area network (WAN) that combines significant bandwidth capacity with negligible latency to support YKHC's deployment of high definition video teleconferencing (HD VTC) technology. The proposed network design deploys new satellite infrastructure to directly connect village clinics, without access to microwave or fiber facilities, to Bethel.

GCI's network design provides the quality and reliability required for delivering health services. It also offers the YKHC technical staff the capacity and opportunity to manage and monitor their services in real-time. GCI believes in its role as a quality vendor and an honest partner with your organization, and we will provide your staff with the tools to monitor the links between YKHC facilities. As YKHC's telecommunications provider, we will look to your leadership to set priorities and timelines for network build-out and transitions to the new facilities. To deliver these services, GCI will employ its ConnectMD team of highly experienced business and technical professionals with its extensive rural Alaska healthcare expertise.

We understand the challenge of providing recurring, hands-on medical and technical training opportunities in rural Alaska. GCI will make available its technical staff to YKHC's staff for mentoring opportunities. GCI's Service Desk can collaborate with YKHC staff members to develop best practices for the design and management of YKHC's help desk. GCI can also create 7x24 screens for network monitoring that allow YKHC's staff to monitor their communication links in a proactive, real-time manner.

GCI and its 1,300 plus Alaskan employees have been delivering services in Alaska for over 28 years. This summer, we expect to complete the purchase of United Utilities Inc. (UUI), increasing GCI's on-the-ground presence in the Delta region to over 85 staff. Also in late 2008, we will be rolling out wireless local-phone services to all the villages in the YK Delta. As a member of the Alaskan community, GCI is committed to working with organizations like YKHC to

guarantee the success and well being of all Alaskans. We believe all Alaskans should have the benefits of technology, rural and urban alike. Our focus on improving access and quality of care has led to the creation of the ConnectMD network, built specifically to support rural healthcare's need for reliable medical communications. All ConnectMD products and applications are designed around its customers' needs and supported by a highly dedicated staff located throughout Alaska. Its staff includes two senior medical administrators and a registered nurse, all focused on delivery healthcare services such as electronic healthcare records, telepharmacy, and behavioral-health video teleconferencing.

We are confident that the network design outlined in this proposal not only meets, but exceeds YKHC's baseline requirements today, and anticipates YKHC's need to continuously seek new opportunities to improve performance and efficiencies in the future. This proposal supports your Five Strategic Pillars – employee focus, native staff development, patient-centered excellence, financial viability, and community and partner satisfaction. It focuses specifically on the videoconferencing capabilities that will directly support the employee-focus and native staff-development pillars by extending educational opportunities to the villages, thereby allowing YKHC to distribute its job opportunities throughout the Delta's communities. Additionally, the pillars of patient-centered excellence and financial viability will be supported by extending constant and acute patient care to where patients live, simultaneously generating revenue for YKHC through billable encounters and cutting travel expenses for both staff and patients.

Ultimately, this telecommunications network provides YKHC the flexibility to meet its strategic pillars, however it deems most appropriate, in Bethel or the surrounding communities. GCI has a successful history of working with medical organizations to meet their needs, and we appreciate the opportunity to respond to YKHC's needs and provide additional options to accomplish your vision.

YKHC and GCI both have proven track records that display innovative and creative efforts within each company's respective roles – we both have leaders willing to take risks to set new standards for rural Alaska. With health care delivery becoming more dependent on high-quality, reliable technology, GCI's resources can greatly improve the medical service offerings available to the people of the YK Delta and provide an opportunity for YKHC and GCI to grow together. We at GCI hope to join YKHC in your mission to enhance the health status of the people of the Yukon-Kuskokwim Delta Region of Alaska.

Project Understanding

The Yukon Kuskokwim Health Corporation provides comprehensive health and wellness services on a 24x7x365 basis to the YK Delta community. The complexity of its service delivery, combined with the geographic diversity of YKHC's facilities, requires a solution that is robust and reliable. As the leading telecommunications provider in Alaska, GCI wants to be YKHC's partner in creating a showcase telemedicine network in America.

We are confident that the network outlined in this proposal not only meets, but exceeds YKHC's baseline requirements today, and anticipated YKHC's need to continuously seek opportunities to improve performance and cost efficiencies. This proposal supports your Five Strategic Pillars:

1. **Employee focus** – decreasing administrative travel requirements and extending educational opportunities to villages
2. **Native staff development** – distributing medical and administrative workforce throughout the Delta region, not just in Bethel alone
3. **Patient centered excellence** – delivering chronic and acute medical services to the patients' locations instead of having them travel to Bethel to receive care
4. **Financial viability**- reducing the cost of travel for medical encounters and administrative meetings
5. **Community and partner satisfaction** – continuing to service its community with the best telemedicine network in the U.S.

Based on our understanding of your medical and business needs, we have designed a network proposal that improves the efficiencies of your data transport network. The proposed network provides YKHC the flexibility to support the current applications YKHC uses, in addition to future deployments of services throughout YKHC's operation.

- Network Devices and Applications
 - Approximately 2,000 devices
 - High definition video teleconferencing (HD VTC)
 - EMC Storage Area Network
 - Internet
 - Corporate Intranet
 - Cisco Voice over IP phone network
 - E-mail (initially FirstClass, migrating to Exchange)
 - Supply Management Software
- Medical, Dental, and Business Applications
 - Resource and Patient Management System (RPMS)
 - Siemens Financial Platform (MS4)
 - CT Scanner
 - PACS/Imaging Services
 - Electronic Medical Records (future deployment)

Today, YKHC receives network services that have a number of bottlenecks, which limit the technological growth YKHC envisions for itself. These bottlenecks result from the relatively low data transport bandwidth of 1.544Mbps/512Kbps being used to connect each village clinic and Bethel, and the limited Internet access of 1.544Mbps from Bethel to the Internet. These constraints will only be further accentuated by your deployment of HD VTC, which requires at least 2Mbps of symmetric, dedicated low-latency bandwidth per endpoint for optimal operation. YKHC has already engaged GCI in overcoming the Internet bottleneck between Anchorage and Bethel.

The *Design and Technical Execution* section of this proposal outlines the technology GCI proposes to deploy at each location. In all instances where a low-latency microwave or terrestrial option is available, it is proposed. To limit latency on satellite circuits, we are proposing single-hop connections between village clinics and Bethel, using the latest technology. The satellite equipment that will be deployed is state-of-the-art in efficiency and reliability. We will construct a new satellite hub in Bethel, and install new enhanced VSAT equipment that is capable of growing in conjunction with YKHC's bandwidth requirements. Furthermore, as DeltaNet expands into additional villages, we will transition satellite connectivity to the microwave platform.

To provide YKHC with a seamless technology platform, we are proposing connections in Bethel for YKHC's numerous locations and employees' accessibility to corporate resources. For YKHC's Bethel location, we propose connections using the affordable, high-speed metro area network (MAN) that is currently operated by UUI. We also propose offering private residential DSL service to YKHC employees so they may securely access corporate resources from their homes. Bethel MAN and DSL services are identical to those utilized by YKHC today, and represent GCI's commitment to network stability, continuity of service, and single point-of-support for all network services.

GCI has carefully considered YKHC's operational requirements and vision for its community in this project. We believe that our experience, competitive pricing, support, and ease-of-use demonstrate our commitment to establishing a positive, long-term partnership with YKHC.

Design and Technical Execution

When YKHC conceived of DeltaNet, it envisioned an infrastructure that met its current and future needs of health IT and telemedicine delivery. Today, YKHC continues to make strategic decisions in support of new technology (e.g. HD VTC, EMC SAN, digital imaging) that further its healthcare mission. GCI is uniquely positioned to support YKHC's strategic initiatives from a technical and healthcare perspective. Our experience will ensure that the technology is easy-to-use and reliable for all locations.

GCI will manage the delivery of data circuits, which includes long-haul elements, local loops in all villages and Bethel, and circuit-termination equipment that demarks the transition from GCI's network to YKHC's. Along with the circuits, we will provide YKHC's technical staff with visibility into the performance of their network links. GCI's senior network engineers will work with YKHC technical staff to determine the most efficient way to locally transport and hand-off remote circuits to YKHC's core routing devices in Bethel and remote routing devices in outlying villages.

At YKHC's request, GCI will provide assistance during the design and development of optimized router configurations for YKHC-operated equipment. The configurations are critical for ensuring uniform implementation across the network of appropriate quality of service and prioritization mechanisms; all of which guarantees the proper function of optimal application performance and delay-sensitive applications, such as HD VTC.

The proposed GCI service platform consists of the most efficient and lowest-latency technologies available in rural Alaska. Organizations have used these platforms throughout Alaska to support applications, which include: voice, video conferencing, streaming video, remote desktop services, disaster backup, emergency response, corporate VPNs, encryption, back-office support, Internet browsing, rural telephony, fax via satellite, telemedicine, and distance learning. The proposed services will support any IP-based application, scale easily, and feature rich, high-performance technology.

This proposed network solution will allow all remote YKHC locations to have direct connectivity to YKHC's Bethel-based network. This configuration will be ideal for maintaining YKHC's privacy and security safeguards, while allowing the YKHC technical staff to manage applications from Bethel.

Bandwidth Recommendations Based on IP Applications per Location

Based on YKHC's current deployment of high definition video teleconferencing (HD VTC) equipment throughout the Delta, GCI recommends a network with three symmetrical bandwidth tiers. These tiers of bandwidth are 1.5Mbps, 3.0Mbps, and 5.0Mbps. GCI understands that the IP applications currently in use on the 1.544Mbps/512Kbps-YKHC network include: Internet access, voice over IP telephony, and medical and business applications.

VTC Units Per Village	Symmetrical Bandwidth
0	1.544Mbps
1	3.0Mbps
2	5.0Mbps

Table 1. Simplified Bandwidth Recommendations

The recent deployment of Tandberg Edge 95 HD VTC units requires 2.0Mbps of symmetrical bandwidth for video conferencing services in order to provide the optimum user experience. The table that follows, *Detailed Bandwidth Recommendations by HD VTC Usage*, accounts for maintaining (and improving) the performance of current IP applications, while optimizing the use of the deployed HD VTC units.

Table 2. Detailed Bandwidth Recommendations by HD-VTC Usage

	Locations & HD VTC Units	Actual Bandwidth / Recommendation	Bandwidth Allotment	
			HD-VTC	Internet, VoIP, IP Applications
Current Network	All Village and Sub-Regional Clinics with 0 VTC Units	1.544Mbps / 512Kbps		1.544Mbps / 512Kbps
Proposed Network	Village Clinics without VTC	1.544Mbps / 1.544Mbps		1.544Mbps / 1.544Mbps
	Village Clinics with 1 VTC Unit	3.0Mbps / 3.0Mbps	2.0Mbps / 2.0Mbps	1.0Mbps / 1.0Mbps
	Sub Regional Clinics with 2 VTC Units	5.0Mbps / 5.0Mbps	4.0Mbps / 4.0Mbps	1.0Mbps / 1.0Mbps

It should also be noted that although the bandwidth recommendations above show discrete allocations for video conferencing services and other applications, circuits and QoS will be provisioned such that aggregate bandwidth (i.e. 3Mbps or 5Mbps) is available for non-VTC applications when video conferencing services are not being utilized.

Wide Area Network Data Transport

GCI is excited about the pending acquisition of UUI. The combination of UUI's microwave and terrestrial facilities with GCI's satellite technology and service capabilities offers YKHC a powerful telecommunications partner. Through our involvement with UUI, we hope to raise to higher levels the customer support your organization receives in the Delta. Additionally, GCI is the only provider that offers such high bandwidth links, with negligible latency, to so many of your villages. This proposal represents the best technical effort by GCI to provide YKHC with the most advanced telecommunications network in the state.

GCI has extensive experience providing robust, high-capacity, wide area network (WAN) data-transport services to communities across rural Alaska. With this proposed service, GCI will provide YKHC with high-bandwidth data circuits from every village clinic, and sub-regional clinic, to Bethel. These circuits will use a combination of transport technologies including fiber, microwave, and satellite. Based on the critical applications that must reliably work on the network and conversations with YKHC technical staff, GCI proposes a network that will initially provide three symmetrical bandwidth options that connect each sub-regional clinic and village clinic to Bethel. For locations in Bethel, GCI proposes connections on Bethel's high-speed, fiber metro area network (MAN).

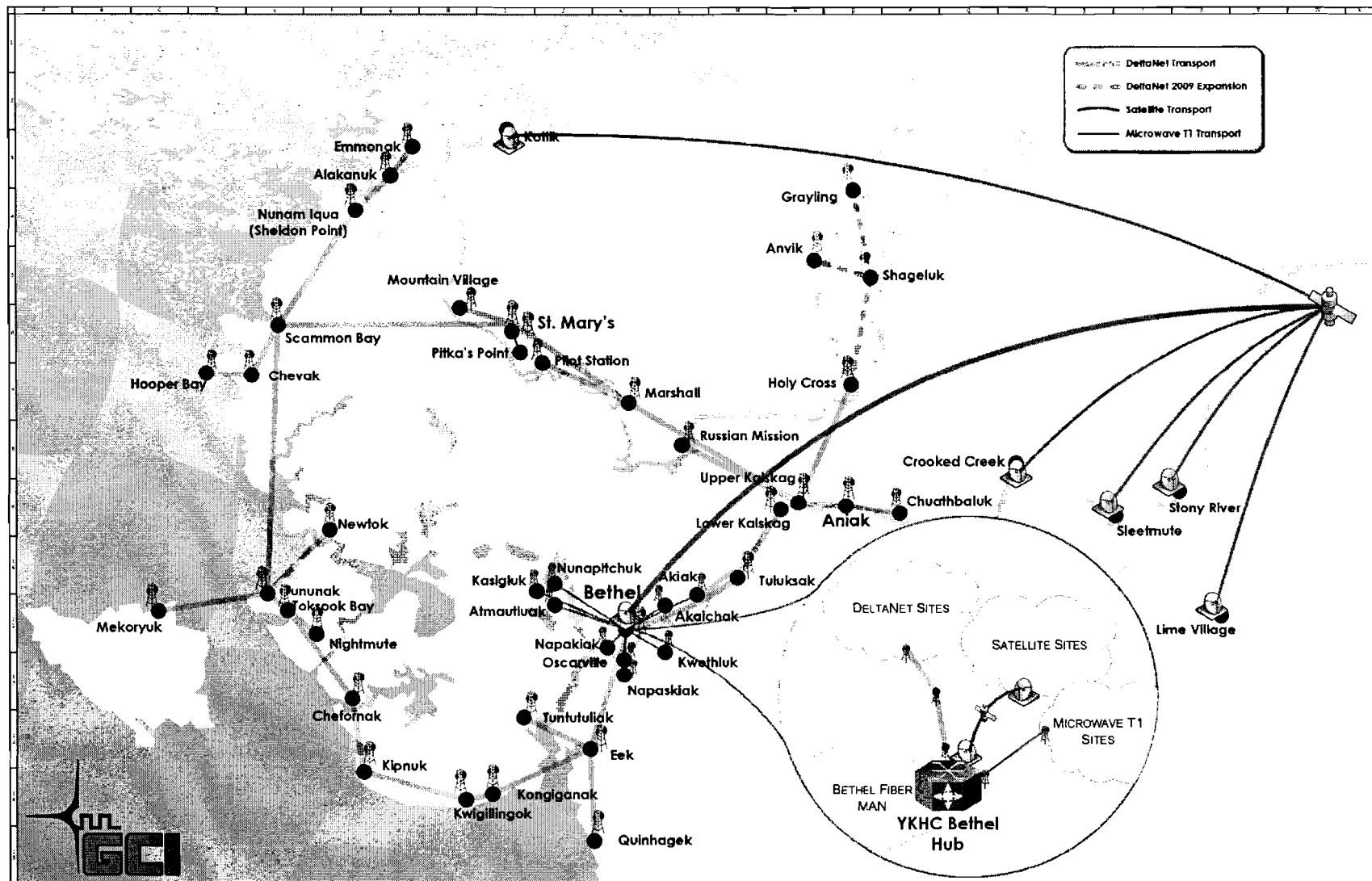
All remote village data links will be Quality of Service (QOS) enabled. In conjunction with YKHC technical staff, GCI will establish an end-to-end prioritization schema that guarantees voice, video, and other application traffic optimal bandwidth and throughput.

Below are descriptions of the various transport technologies we propose, with outlines of each option's ability to provide effective telecommunications and Internet solutions. In this section, we offer YKHC a complete solution that is a combination of terrestrial, microwave, and satellite transport options, with the majority of sites being connected via low-latency technology – fiber or microwave. All locations are proposed as using the best (highest bandwidth, highest reliability, lower latency) technology available.

Table 3. Proposed Transport Technology by Location

Transport Technology	Description	Locations
Ethernet Microwave (DeltaNet)	GCI will provide transport to these villages over DeltaNet. This ring and spur topology will employ virtual circuit technology that automatically redirects traffic if part of the ring is broken. The greater stability of the ringed network combined with extremely low-latency connections provides higher reliability than satellite connectivity, with the flexibility to grow capacity.	<p>Currently on DeltaNet Aniak, Eek, Kipnuk, Kongignak, Kwigillingok, Lower Kalskag, Marshall, Mekoryuk, Mountain Village, Newtok, Nightmute, Pitka's Point, Quinhagak, Scammon Bay, St. Mary's, Toksook Bay, Tuluksak, Tuntutuliak, Tununak, Upper Kalskag</p> <p>Scheduled to be Constructed in 2008 Alakanuk, Chevak, Emmonak, Holy Cross, Cheforak, Chuathbaluk, Hooper Bay, Nunam Iqua, Pilot Station, Russian Mission</p> <p>Scheduled to be Constructed in 2009-2010 Anvik, Grayling, Shageluk</p>
Private Line Microwave	GCI will provide transport to these villages on existing microwave T1 connections between the interior villages and Bethel. These links are terrestrial, low-latency circuits.	Akiachak, Akiak, Atmautluak, Kasigluk, Kwethluk, Napakiak, Napaskiak, Nunapitchuk, Oscarville

Transport Technology	Description	Locations
Satellite	The satellite network with GCI technology is a data service based on advanced network architecture that connects villages to a Bethel hub through a single satellite hop.	Anvik, Crooked Creek, Grayling, Kotlik, Lime Village, Shageluk, Sleetmute, Stony River
Fiber (Bethel MAN)	For YKHC sites on Bethel's metro area network (MAN), high-speed, terrestrial Ethernet connectivity is available. This ringed technology allows YKHC to manage all Bethel locations as one functional LAN, extending services and applications from the network core to any MAN site. As a terrestrial fiber service, GCI can provide YKHC with a range of bandwidth option from 10 Mbps to 1 Gbps.	Bethel locations: Bautista House, Behavioral Health, Bethel Community Service Building, CHSB, Crisis Respite Center, Earth Project Location, Health Aide Housing, Learning Center at BNC Complex, Materials Management Building, McCann Inhalant Center, Morgan House, New Malone Home, Keys Residential Diagnostic Treatment Center, Girls Group Home, Phillips Ayagnirvik Treatment Center, Pre-Maternal House, Bethel Hospital Bethel – up to 50 locations
Residential DSL	GCI will continue to provide a private DSL-based service for extension of YKHC network access employee residences. Speed is dependent on residence location, but is generally 8Mbps/2Mbps.	



Quality of Service

Based upon GCI's understanding of YKHC's current and future network application requirements, it is necessary to implement of Quality of Service (QoS) mechanisms in order to prioritize voice and video traffic required across the network. The real-time throughput requirements of these traffic types require the use of such mechanisms to avoid a decrease in quality caused by overwhelming lower-priority data and Internet traffic. In general, voice and video traffic are given the highest priority due to the interactive nature of the applications. High-priority data services, such as radiology image-transfer or remote terminal sessions, may be placed at a secondary priority level. Applications that do not have a real-time or delivery-priority requirement, such as e-mail and web surfing, are accommodated after the higher-priority applications have been provided for. An appropriately designed and implemented QoS plan will provide optimal experiences in each network application.

GCI has extensive experience implementing multi-service networks that accommodate voice, video, and data traffic simultaneously over satellite, microwave, fiber, and copper networks. Because the implementation of QoS involves both LAN and WAN components, GCI will work closely with YKHC's technical personnel to understand network-traffic prioritization requirements, to review existing QoS mechanisms, to design an end-to-end QoS solution, and to implement the designed solution into the YKHC WAN.

Service and Support

Our support structure is simple, yet thorough. One toll-free number gives your staff access to our dedicated support infrastructure 24 hours a day, seven days a week, providing easy access to certified staff that can efficiently resolve all network related issues. Furthermore, we will work with the YKHC technical staff to develop a support and escalation methodology that meets your requirements.

Technical Support and Network Management

GCI provides proactive monitoring, management, and escalations for any issues that arise on the GCI infrastructure. The GCI Customer Network Control Center (CNCC) monitors networks 24x7x365 and will troubleshoot the problem and escalate it to the necessary parties, such as the GCI Network Operations Control Center (NOCC), other carrier help desks or local exchanges (as necessary), and even the dispatching desk that will send out technicians to villages or clinics to investigate the issues that have arisen.

In conjunction with the 24x7 coverage of the CNCC, the GCI Managed Broadband Services (MBS) Service Desk has a staff dedicated to supporting the specific technical needs of school, health, and video clients from around the state. Their in-depth knowledge of customers' infrastructure, applications, and specific industries allows them to provide comprehensive end-to-end support for those customer networks. The MBS Service Desk is staffed Monday through Friday, 7:00 AM to 6:00 PM with on-call services available 24x7x365.

GCI's support and network management structure is built to provide the best service possible for its customers. Our philosophy is centered on transparency and proactivity. Part of this commitment includes making tools available to our customers that allow them to monitor their services up/down status, application status, ticket status, and bandwidth utilization across their network. These tools will be available to YKHC for GCI-managed devices and for YKHC-managed devices if simple network management protocol (SNMP) access to the routing infrastructure is granted to GCI.

Monitoring Tool: MBS Service Desk Portal

The MBS Service Desk Portal is an integral part of our quality and continuity management. GCI will provide YKHC the ability to view the status and availability of their services through a web interface. This allows YKHC to receive a comprehensive, single point view of the status and utilization of their current services, to check on open trouble tickets, submit feature requests, and provide feedback on their services. This set of tools/systems allows GCI and YKHC to jointly monitor key indicators of performance, service quality, and issue resolution.

Screen shots of the portal can be found on the following pages.

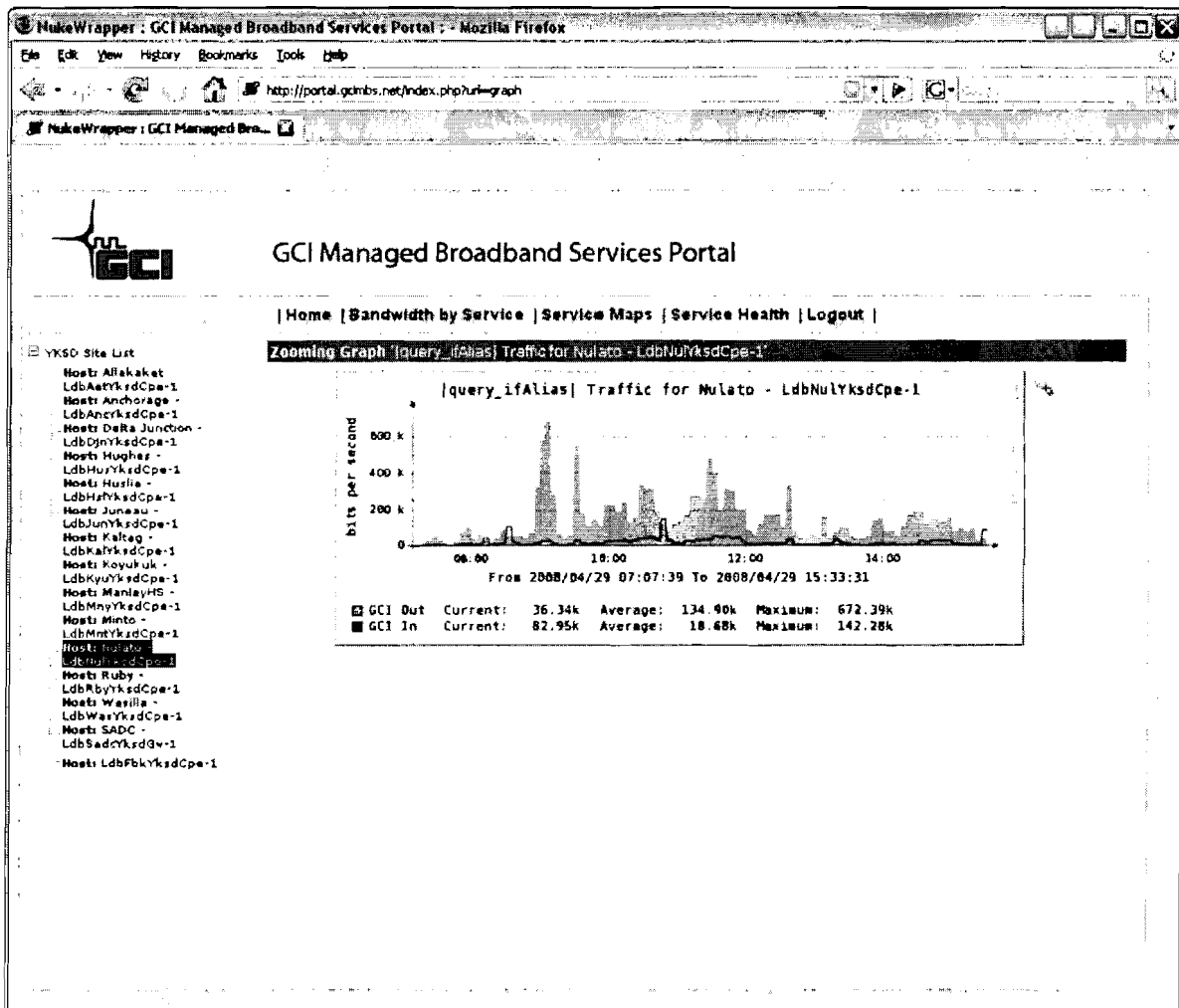


Figure 1. GCI MBS Service Portal Screen Shot 1: Bandwidth Reporting for Sites - 5 Minutes Roll-Up

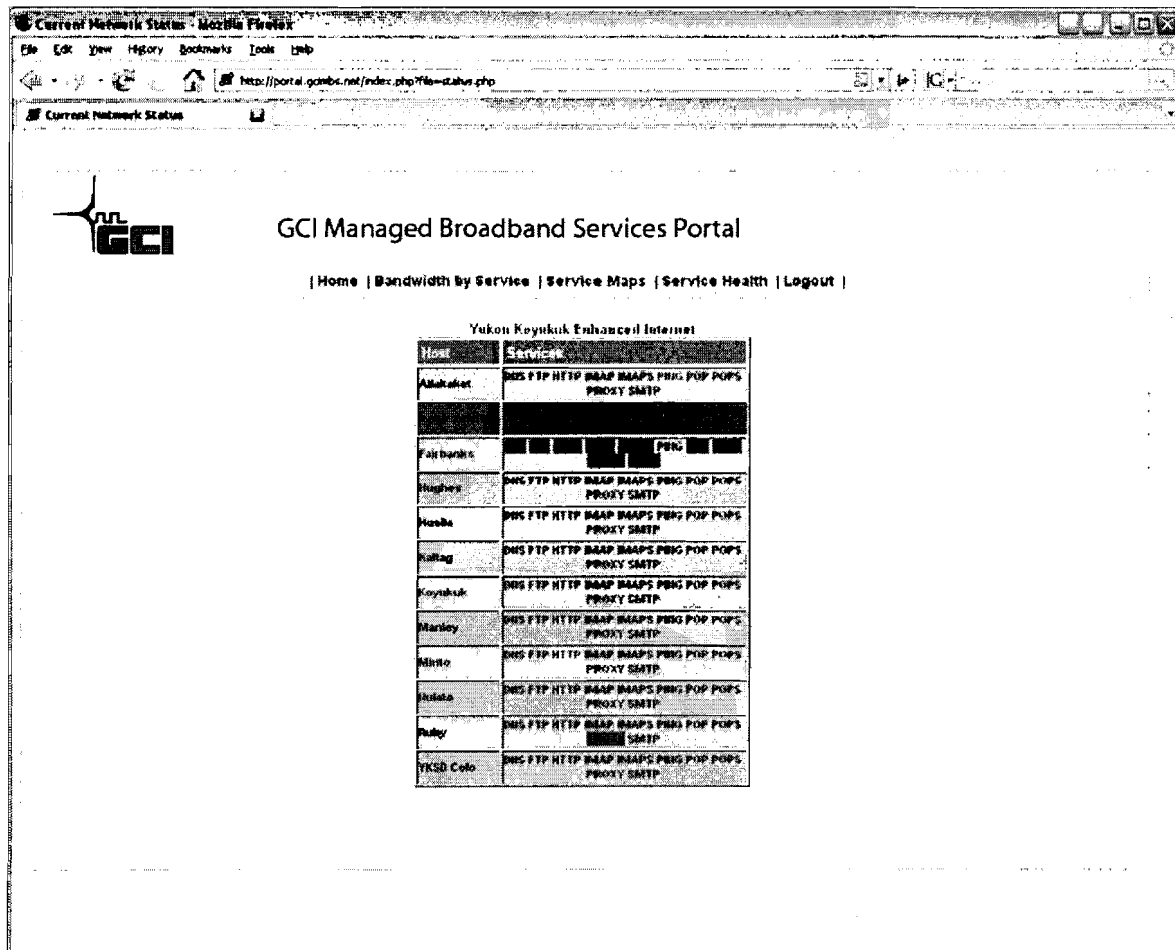


Figure 2. GCI MBS Service Portal Screen Shot 2: Service Availability and Monitoring

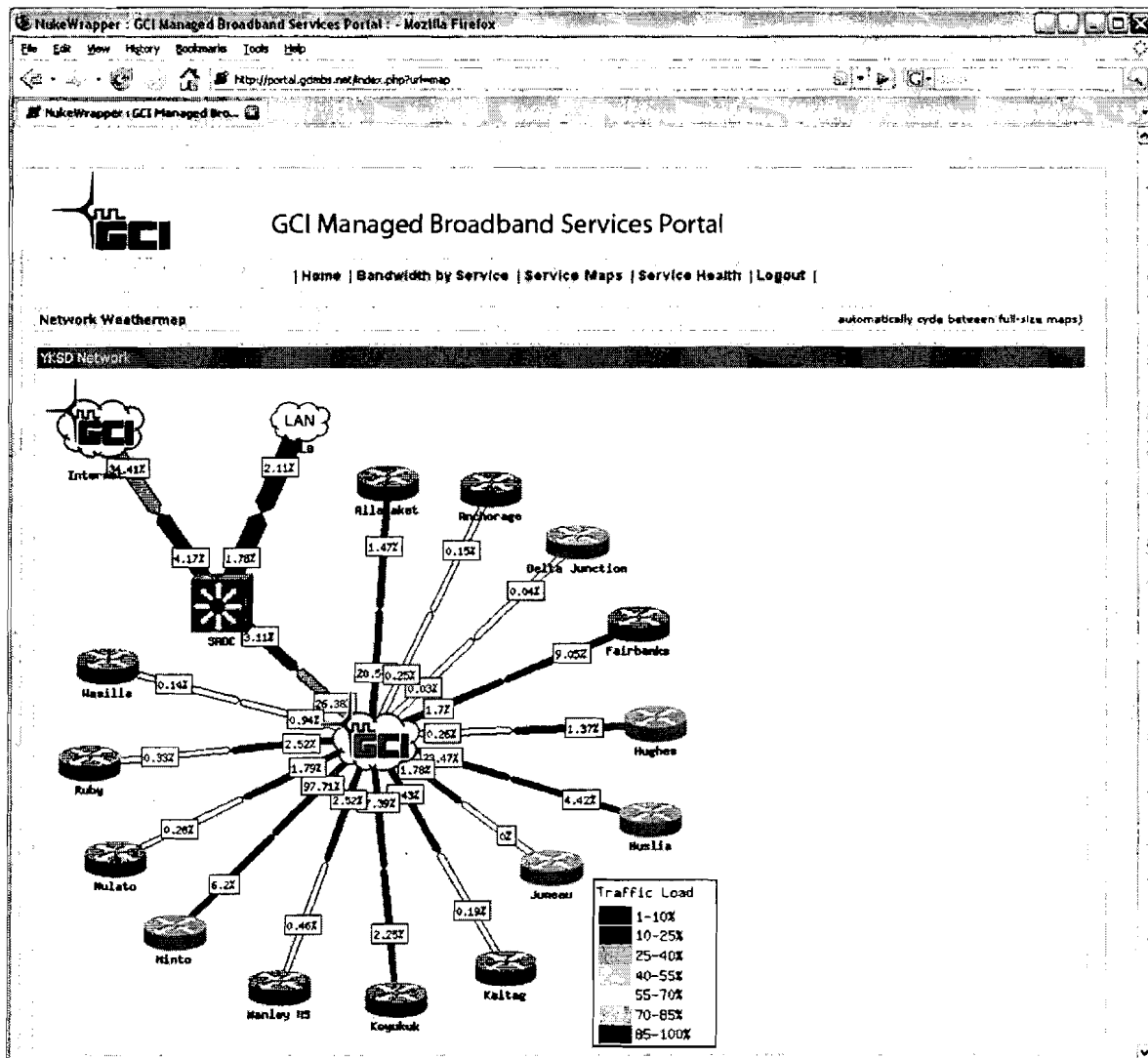


Figure 3. GCI MBS Service Portal Screen Shot 3: Network Weathermap - Graphically displays utilization to/from individual sites across the network, updated every 5 minutes

Monitoring Tool: Netflow Analyzer

NetFlow Analyzer is a bandwidth-monitoring and capacity management tool provided through the MBS Support Desk. It will provide YKHC with in-depth visibility into network traffic and its patterns, providing real-time network behavior information and how traffic impacts the network's overall health. NetFlow Analyzer gives detailed information on network bandwidth usage pattern for traffic analysis, capacity planning and making policy decisions. By drilling down into the specific applications, users, ports or network elements, managers are able to determine the exact source of spikes and bursts and are therefore able to proactively monitor, control, and make informed decisions. The granularity of information available via NetFlow Analyzer is dependent upon network topology and implementation. For example, if traffic encryption is performed inside the customer network and NetFlow monitoring occurs on a GCI device outside the customer network, per-user and per-application details are not available. GCI will work with YKHC to implement network services in a manner that allows for the greatest visibility desired by YKHC.

Screen shots of Netflow Analyzer can be found on the following pages.

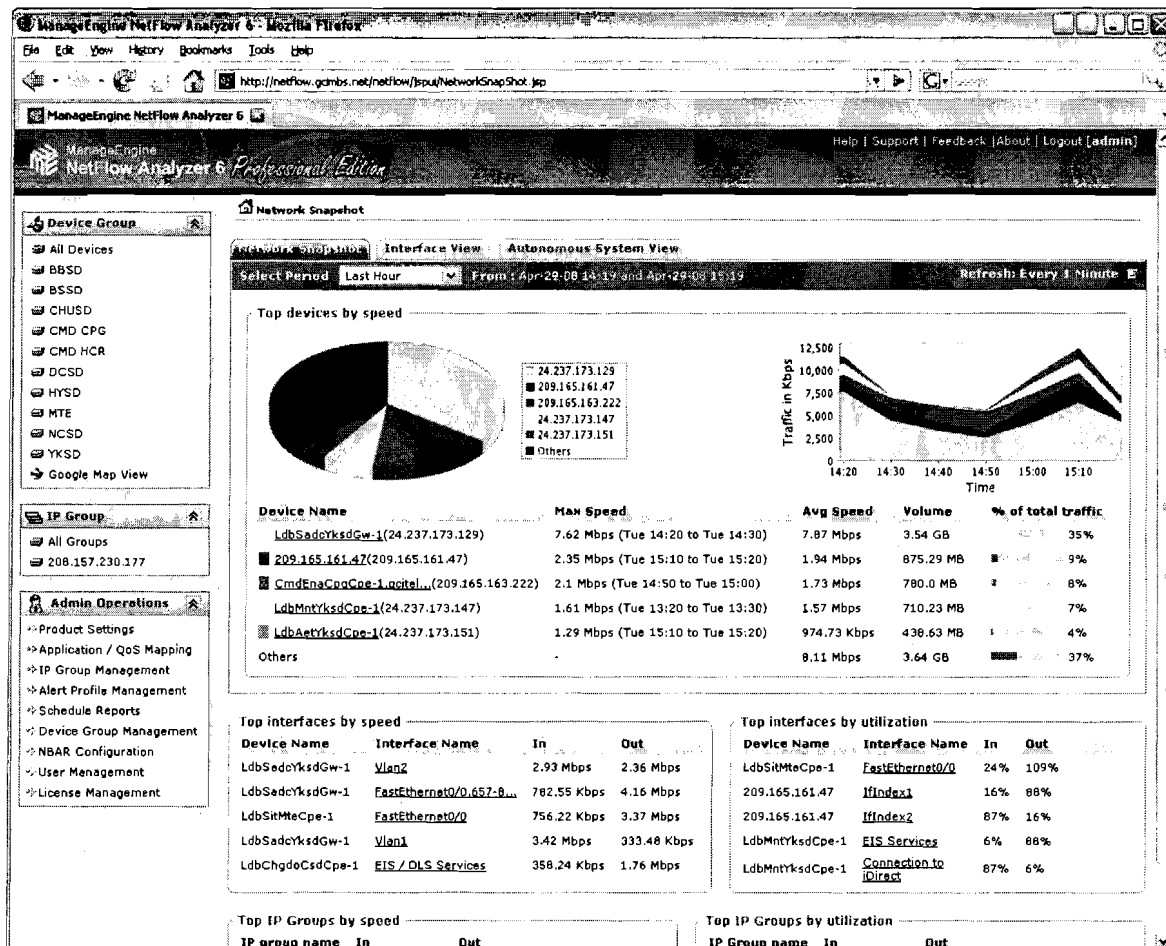


Figure 4. Netflow Analyzer Screen Shot 1: Applications Utilization on the Network Snapshot

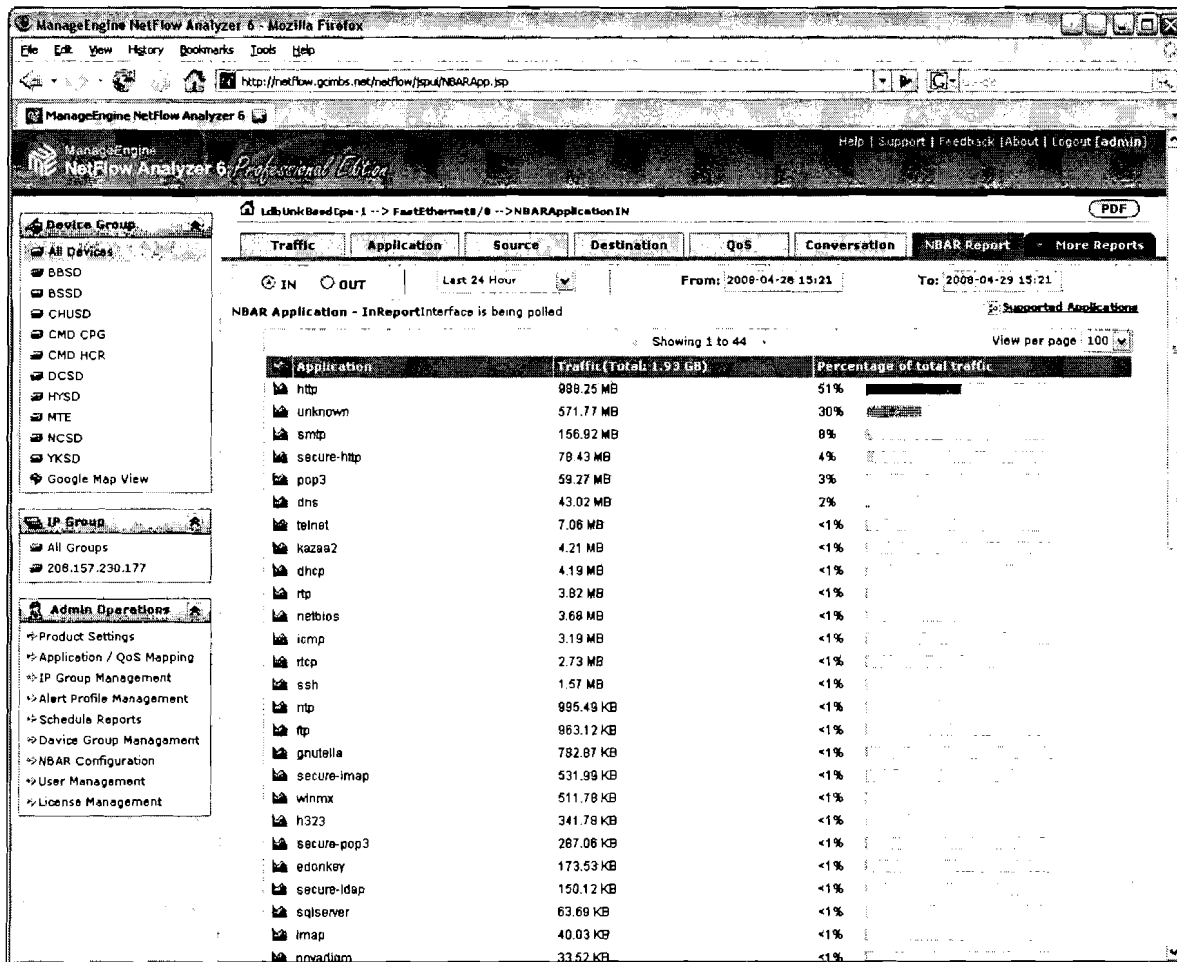


Figure 5. Netflow Analyzer Screen Shot 2 - Reports on what applications or devices are utilizing bandwidth, includes the ability to drill down into source, destination and port information

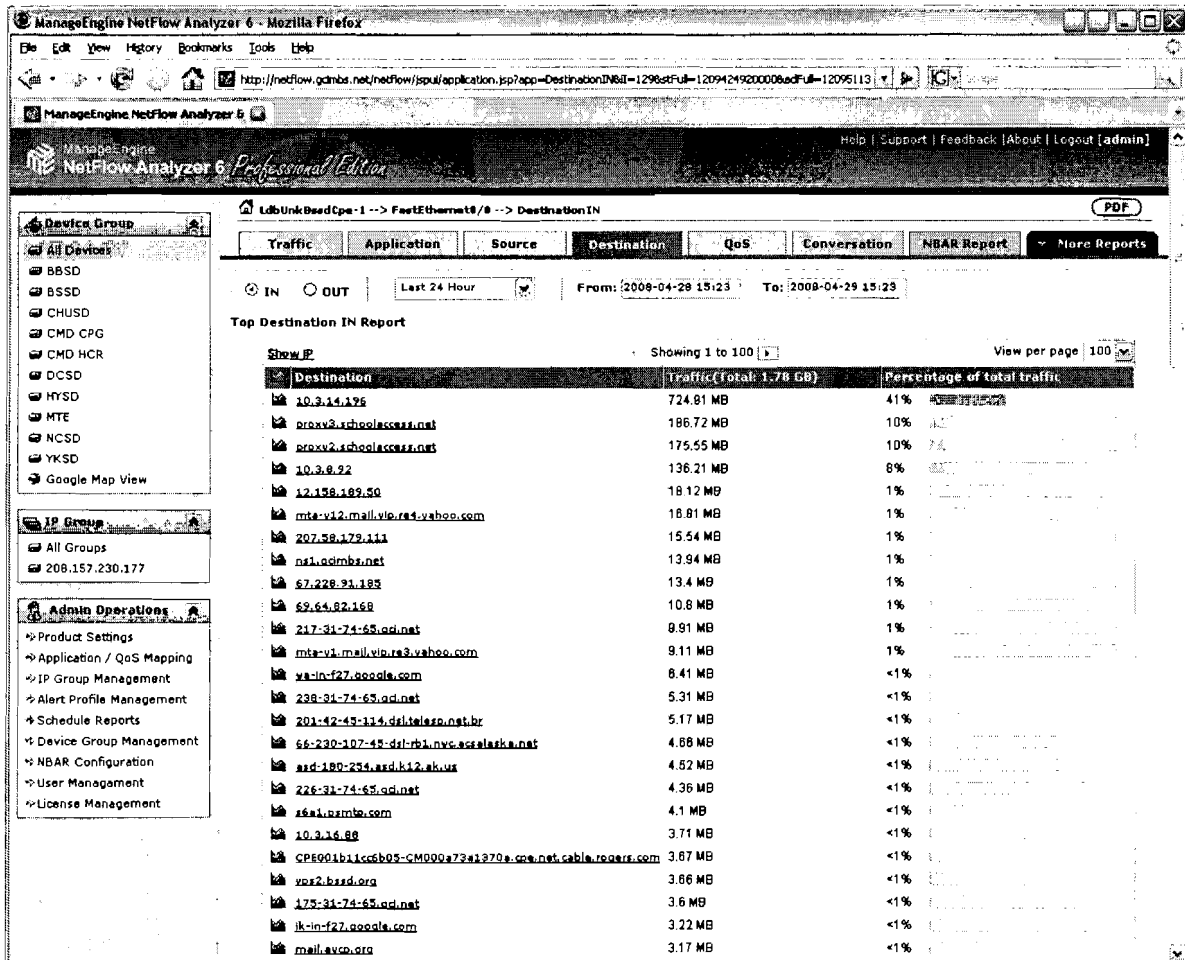


Figure 6. Netflow Analyzer Screen Shot 3 - Reports of which devices on the network are talking and with whom that are talking

CNCC and MBS Service Desk Support and Monitoring

In addition to the monitoring tools available to your staff, both the CNCC and MBS Service Desk actively communicate with YKHC and monitor the status of all GCI ConnectMD client network connections and components.

- Single Point of Contact for YKHC Trouble Calls 1-888-254-2858 – This number will always be answered by a live person, either from the MBS Service Desk (during business hours 7am-6pm) or the CNCC (after business hours). A trouble ticket number is assigned and given to YKHC on the first call.
- Recurring Technical Status Meeting – GCI will, at YKHC's request, create a regularly scheduled meeting between its operations team and YKHC's technology staff. This call will be used to address any technical issues, report the status of ongoing projects, and discuss any open tickets. Many clients request the meeting every 1-2 weeks.
- Network Monitoring – Network monitoring consists of CNCC and MBS staff monitoring devices and facilities to determine availability. GCI offers this service 24x7x365 and will notify designated YKHC contacts and the YKHC help desk on-call staff of a failure or degraded condition according to escalation/notification procedures. GCI will produce a daily report of events and status for the customer and management.
- Remedial Services – Technical staff is on duty 24x7x365 and can respond to error conditions immediately. The MBS Service Desk will be responsible for owning network error conditions through completion. They will coordinate customer resources, GCI's NOCC, GCI's CNCC, and other carriers if required to resolve a network problem. Advanced technical support, troubleshooting, and engineering is provided by MBS.
- Monthly and Quarterly Reports – GCI will produce monthly and quarterly reports discussing significant events, availability, and adherence to standards.
- Service Level Agreement – Monthly reporting of availability of the services will be provided by the 15th day of the following month. A daily report of service-affecting incidents will be provided.
- Problem Reporting/Analysis Process – In the event that a problem is reported, the GCI MBS Service Desk will:
 - Analyze the problem to determine, if possible, if it is a network or service problem.
 - Log the problem and provide an event number to the customer.
 - Advise the customer of status based upon severity, on a daily basis.
 - Advise the customer of completion status on a daily basis.

- **Escalation Procedure**

- When an event reaches an escalation stage, the MBS Service and Support Manager will send notifications according to the table that follows
- The YKHC Technical Coordinator or other designated YKHC staff will be kept updated on outage correction status
- GCI MBS Service Desk staff discretion can be used to escalate before designated periods, if the situation warrants escalation, or the customer requests additional attention to a particular issue

Escalation Table

Severity	One Location	Entire YKHC Network
Regular	<p>Immediate notification: GCI & YKHC help desk</p> <p>Secondary: Service & Support Manager, Technical Services Manager, Program Manager</p>	<p>Immediate notification: GCI & YKHC help desk</p> <p>Secondary: Service & Support Manager, Technical Services Manager, Program Manager, Vice President of AK Operations</p>
Emergency	<p>Immediate notification: GCI & YKHC help desk</p> <p>Secondary: Service & Support Manager, Technical Services Manager</p> <p>Tertiary: Program Manager, Vice President of AK Operations</p>	<p>Immediate notification: GCI & YKHC help desk, Service & Support Manager, Technical Services Manager, Program Manager, Vice President of AK Operations</p> <p>Secondary: Executive Management</p>

Service Availability

GCI's communications systems are designed, engineered and supported to provide the following availability targets. These targets do not include outages stemming from scheduled maintenance, extreme weather, or solar activity.

• Ku-Band Satellite Facilities	99.7%
• C-Band Satellite Facilities	99.95%
• Microwave Facilities	99.99%
• LEC Loops	99.99%
• Bethel Fiber	99.999%

Configuration Management

To maintain efficient operation and service continuity, MBS staff will coordinate and assist with any upgrades to YKHC's routing and networking infrastructure that are associated with the proposed services. Router configuration upgrades are critical to uniformly implementing the appropriate quality of service and prioritization mechanisms across the network. Coordinated implementation optimizes application performance for delay-sensitive applications.

For router configuration management, GCI utilizes the Cisco Resource Manager Essentials (RME) product, which pulls and archives backup copies of configurations from the remote routers any time a change is performed on the device. This product allows for the maintenance of current and archival configurations in the event that a router needs to be reverted to a previous state or replaced because the device has failed.

As part of the management infrastructure, when an Internetwork Operating System (IOS) or update/upgrade to the routing devices is necessary, the operations group will identify the upgrade path and specify necessary RAM, flash, or other device upgrades. The GCI CNCC and GCI MBS Service Desk will manage the deployment of the new IOS versions to GCI remote devices and handle the coordination of those upgrades. GCI MBS Service Desk will coordinate with customers before any service-impacting changes occur. The GCI MBS Service Desk will coordinate with YKHC technical personnel when upgrades to YKHC devices are necessary or suggested.

Quality and Continuity Management

GCI has developed a continuous quality improvement (CQI) process that minimizes the impact on the customer's service and quality through our Upgrade (Transition) and provides:

- An ongoing communication channel with the customer
- Notice of service outages
- A process for communication with the customer before, during, and following a project
- A process for gathering input from the customer for scheduling maintenance and network changes

Change Process

The Change Process is detailed below. Our policies are in place to provide:

- **Planned preventative maintenance and network changes** (ChangeNet) happen during specific time periods (usually 2 AM to 6 AM, the GCI maintenance window) unless coordinated with impacted customers.
- **Normal changes** will be scheduled 7+ days in advance.
- **Emergency changes** will be scheduled depending on amount of customer impact currently being experienced. Each change is evaluated against specific criteria to identify whether we must wait for a normal ChangeNet or if it is impacting enough to require shorter notice.
- **Regular communication** with customers to understand when customers are performing upgrades and/or are in transition periods and how the ChangeNet process will or will not affect the customers' services or activities.

Upgrade (Transition) Change Process Overview

- Identify the need (hardware upgrade, software upgrade, configuration changes, service releases, etc.)
- Engineer the solution and/or re-engineer the current design
- Develop test plan and back-out plan
- Mock up the change in the lab, evaluating customer impacts
- Communication with customer on impacts, if applicable
- Create a ChangeNet package (specific instructions, hardware, software, steps, etc.)
- ChangeNet submitted to peers for review
- ChangeNet review meeting to verify impact and identify risk to other infrastructure
- Approval by schedulers to prevent overlap or conflicting changes
- Customer notification of change
- Change implemented
- Test of change/Validation of performance
- Close and review of change process

Health Information and Network Security Management

The ConnectMD staff understands the security demands and requirements that face healthcare organizations such as YKHC. We have dedicated personnel trained in healthcare information and systems security. The network services outlined in this proposal are designed with specific consideration to the HIPAA Final Security Rule that established the baseline for securing health information for covered entities.

If YKHC opts for GCI to manage its firewalls, we will manage firewall and router services to include configuration support. Access controls can be configured to the customer's standards, and on request, we can perform a full audit of the access controls and firewall configurations to ensure that each device and network is set up for maximum protection, without interrupting the customer's day-to-day business.

Information Security Policies

As a covered entity under HIPAA, YKHC's leadership is responsible for preventing unauthorized access to electronic personal health information that is transmitted over your communications network. To be able to adapt to customer security needs, the proposed network's security design was based on three key concepts: comprehensive capabilities, scalability, and technical neutrality. As we describe below, this secure network environment prevents unauthorized access to data in-transmission. GCI ConnectMD's staff will work with YKHC to determine any outstanding security risks in your network and implement measures that sufficiently reduce those risks and vulnerabilities to a reasonable and appropriate level.

- ▶ IP Security for HIPAA Compliance – Firewall implementation is central to the HIPAA requirement of separation between private patient data and the public Internet or other networks.
- ▶ IP Security Consistent with CERT® Best Practices – When Internet service is provided, GCI uses a firewall to delineate the boundary from the Internet and the customer's network. We understand and follow the CERT "Deploying Firewalls" security module. Within the firewall, GCI uses the IP routing, packet filtering, and logging tools provided by the software to provide security. The design, configuration, and implementation of the firewalls follow CERT guidelines.
- ▶ Router Access List Management – Within the firewall, there are specific Access Control List (ACLs) created to permit certain traffic sources access into the YKHC network. If YKHC opts for GCI to manage your firewalls, we can add or modify the firewall ACLs to meet your needs. These access control lists can be as specific as source and destination traffic flows based around application protocols.

GCI Security Experience

GCI takes our customers' security seriously. We have developed and implemented an extensive security infrastructure and procedures designed to protect our Public Switched Telephone Network (PSTN), data network, and the networks of our outsource customers. GCI's methodology is based on real world experience operating and maintaining PSTNs, data networks, and customer networks.

As a customer of GCI, YKHC will have access to several certified information security professionals for support on GCI's components of the ConnectMD network. GCI's security professionals have significant experience in all areas associated with administration of security programs for both PSTN and IP networks. GCI's organizational security infrastructure includes:

► **For IP Networks**

- Customer Network Control Center (CNCC)
- Data Network Security Administration

► **For PSTN**

- Network Operations Control Center (NOCC) – PSTN Network Security Administration, Fraud Management
- Local Service Operation (LSO)

As the largest Internet Service Provider (ISP) in Alaska, we manage firewalls, perform intrusion detection and response, support system audits and provide scheduled reporting.

Confidentiality

GCI's policy is to abide by the Federal Secrecy of Communications Act. As a condition of employment with GCI, all employees are required to read and sign the following statement, which is kept in their personnel file. They also attest on this statement that they will not reveal information they have had access to after they leave the employment of GCI.

- Employees must not disclose the contents of any part of any telephone, radio (including television or facsimile), teletypewriter or telegram message addressed to another person without the permission of the sender, or willfully alter the purport or meaning of any such message. Both parties to a telephone conversation are considered to be senders.
- Employees must not use information derived from any private message passing through their hands and addressed to another person, or acquired in any other manner, as an employee of the Company.
- Employees must not permit any unauthorized person to listen to any telephone conversation.
- Employees must not monitor any connection more than is needed for its proper supervision or operation.
- Employees must not tell anyone the existence of or nature of any message, except as required for handling it properly.

- ▶ Employees must not discuss communication arrangements made between the Company and its customers, except as required for handling them properly.
- ▶ Employees must not give any unauthorized person any information whatsoever about the location of equipment, trunks, circuits, etc., or about local or toll ticket records of calls, messages, etc.
- ▶ Employees must not disclose to unauthorized persons, or make personal use of information obtained while making service observations on non-telephone conversations.

GCI has security infrastructure that is used to assure the highest order of security for our communications infrastructure. An outline of this structure includes:

- ▶ Identification and Authentication
- ▶ Access Control and System Audits
- ▶ Security Administration
- ▶ Intrusion Detection Initiative
- ▶ Intrusion Response Capability
- ▶ Fraud Management and Security Awareness

GCI Project Team

Key GCI Contacts for YKHC Personnel

Clear lines of communication are critical to successfully executing and supporting a network of this size. Due to the remoteness of the village clinics and sub-regional clinics, and the quantity of hardware being installed, clear logistical planning and communications are necessary to meet the delivery schedule. In the *Installation and Delivery Timeline* section, we will provide a detailed deployment / service activation calendar, as well as a full project schedule. To facilitate the process, GCI is committed to providing YKHC with the most experienced, responsive team possible. This specialized Managed Broadband Services team—listed below—will be available to YKHC.



Executive

• Martin Cary, Vice President and General Manager,
Managed Broadband Services



Administrative

• Steve Constantine, Director, Medical & Video Services

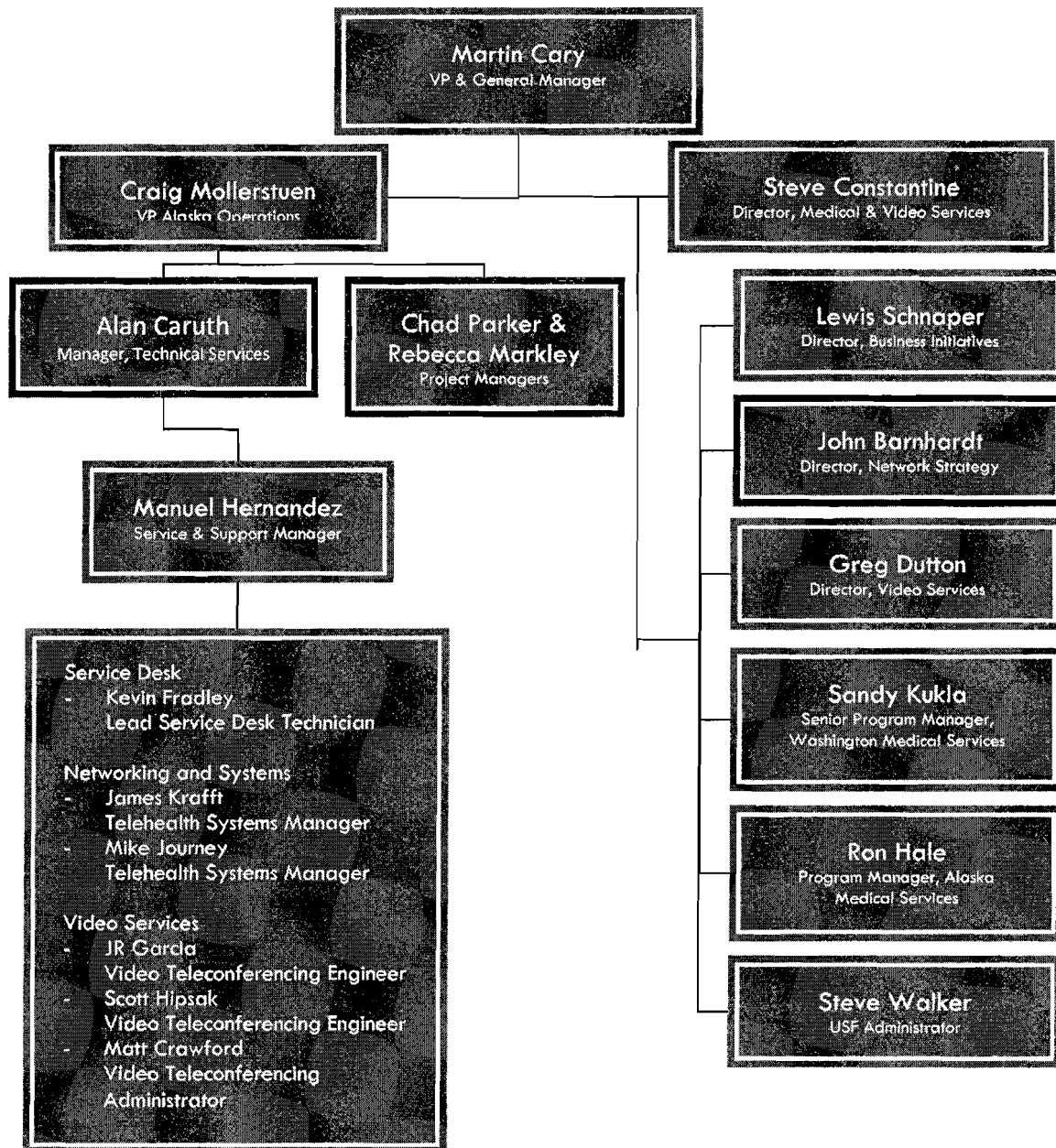


Technical

• Craig Mollerstuen, Vice President, Alaska Operations,
Managed Broadband Services

Organizational Chart

Figure 7 Functional Organizational Chart: YKHC Support Team



Team Bios



Executive Point-of-Contact
Martin Cary
VP and General Manager, Managed Broadband Services

Martin Cary is responsible for all GCI medical and educational initiatives delivered over a broadband satellite, fiber, and microwave infrastructure, including SchoolAccess and ConnectMD. Before joining GCI, Martin was Senior Partner of Astrolabe Systems, Inc., a technology management consulting firm acquired by GCI in 1995, where he developed SchoolAccess. Prior to Astrolabe Systems, Martin served as the Director of Information Technology for the North Slope Borough School District for nearly a decade. There he successfully managed numerous multi-million dollar projects, including the design, installation and facilitation of the school district's multi-media wide area and telecommunications network, data processing systems, and award winning distance learning apparatus. He designed and built one of thirty Model-Net sites studied by the US Department of Energy and the US Department of Education.



Lead Point-of-Contact
Steve Constantine, MA, CAAMA, CPHIMS, CHS
Director of Medical & Video Services

Steve Constantine is responsible for GCI Medical Services and the creation of the ConnectMD medical network. Steve is a former Air Force medical service officer, a medical center and regional medical Chief Information Officer (CIO). Steve has over 24 years of experience in a variety of healthcare disciplines and is a board certified medical administrator. Steve has been an Alaska resident since 1989 and has led GCI's medical programs for the past 8 years. An avid bicyclist, hunter and private pilot, Steve also carries professional certifications in health information management systems (CPHIMS) and electronic health records (CHS).



Technical Point-of-Contact
Craig Mollerstuen, MBA
VP Managed Broadband Services – Alaska Operations

Craig Mollerstuen manages the Alaska delivery of Managed Broadband's ConnectMD and SchoolAccess services. Before joining GCI Craig worked for ROLM, the North Slope Borough School District, the North Slope Borough, and Netscape Communications. Craig has a Bachelors Degree in electrical engineering and a Masters Degree in business management. Over the past six years, Craig has had a variety of responsibilities within Managed Broadband Services. Craig led our expansion of SchoolAccess in the lower 48, managed the original SchoolAccess Distance Learning Service implementation project, and oversaw budget and administration for Broadband Services. Since August 2005, he has led the operations group in, and been responsible for technical services, technical support, billing, and customer service for Managed Broadband's school, medical and videoconferencing customers.



Greg Dutton, MBA
Director of Video Services

Greg Dutton provides strategic planning and direction for GCI's Advantage Video. He has over 14 years experience with videoconferencing technologies. Greg previously served as Director of SchoolAccess for seven years. Before joining GCI, Greg served the North Slope Borough for three years as its Executive Video Producer. While there, he supervised and scheduled North Slope Borough's television studio staff and resources, as well as the overall facilitation and broadcasting of North Slope Borough School District distance learning classes. He was also responsible for the operation of the North Slope Borough School District's videoconferencing network. Greg has a B.A. in Telecommunications from Texas Tech and an M.B.A. in Telecommunications Management from the Alaska Pacific University.



Alan Caruth, CCSP, CISSP, CCNP, CCDP, MCSE2000, INFOSEC
Technical Services Manager

Alan Caruth is the Technical Service Manager for GCI Managed Broadband Services. Alan manages and provides high level technical direction for the entire Technical Services group of GCI Managed Broadband Services. This service group represents the end-to-end network and systems support for health and educational clients statewide. Alan has been in the IT field for over ten years, specifically serving healthcare customers for the past four years, and brings a wide range of skills to the table. Alan has knowledge in Microsoft and Linux operating systems and a wide range of networking hardware from

various vendors including Cisco wireless equipment, routers, switches, voice products and firewalls. Alan maintains several Microsoft and Cisco certifications and has performed network design, implementation and support for a large number of clients in Alaska.



John Barnhardt, MBA
Director, Network Strategy

John Barnhardt has over 18 years of professional experience in data networking, telecommunications and educational technology. John led the technical development of the SchoolAccess product at Astrolabe Systems before it was purchased by GCI. At GCI, he has served in numerous senior engineering and technical product management roles, and was instrumental in expanding the GCI Internet product base and service offerings to its current market-leading levels. Prior to GCI, his career included years as a data and voice networking consultant for large private and public institutions, as well as operational management of many data and services networks. He was responsible for the operation, support and continuous expansion of the North Slope Borough School District's comprehensive data network, has consulted for multiple school districts throughout Alaska, and has been an educational technology instructor at the K-6 level. John received his B.S. degree in Computer Science from Gonzaga University, his M.B.A. from the University of Washington, and held the Cisco Certified Internetwork Expert (CCIE) designation from 1996-2005.



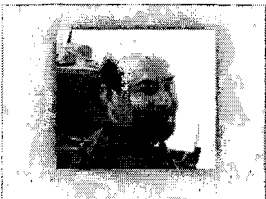
Ron Hale, MBA/HS, CPEHR
Program Manager, Alaska Medical Services

Ron Hale recently joined GCI as Program Manager, Medical Services Alaska. He has a wide variety of military and civilian health care administration experience bringing over 30 years of Medical/Dental Clinic, Medical Center, Hospital, and Physician Practice Management to our department. He was also an adjunct professor for LaVerne University, California teaching Hospital Administration in their masters in health care management program. Ron previously served as the Behavioral Health Division Administrator for Southcentral Foundation for four years and most recently as the Vice President for Pharmacy Operation for Geneva Woods Pharmacy. He is a long term member for the American College of Health Care Executives and a Certified Professional in Electronic Health Records. Ron and his family have been Alaskan residents since 1977.



Sandy Kukla, RN, CHFP
Senior Program Manager, Washington Medical Services

Sandy Kukla is a former RN and IT financial analyst. Sandy has worked extensively implementing electronic medical record systems and practice management solutions in clinical environments. She has over 30 years of experience in various healthcare disciplines including hospital and emergency room nursing, practice administration, application implementation and training, medical financial consulting and clinical analytics. Sandy is a member of the WSMA IT Advisory Board, a certified EMT and is very active in the Washington State Chronic Care Collaborative and Patient Safety Initiatives.



Steve Walker
USF Administrator, Managed Broadband Services

Steve Walker has been involved with GCI's rural services for eight years, managing the Universal Service Fund program since 1999. Steve built the original data management system and the custom billing processes used by GCI to support our Schools and Libraries and Rural Health Care USF-eligible customers. In 2000, he attended School and Libraries training in Washington, D.C., and Rural Health Care training in Billings, MT. Steve has attended numerous e-Rate Service Providers Training Workshops, most recently in 2007 in Phoenix, AZ. Prior to joining Managed Broadband Services, Steve was the manager for GCI's Technical Services, overseeing local and wide area network technicians providing service to many of GCI's corporate and small business clients. Steve has worked with more than 50 school districts and 15 health care organizations in Alaska and the western states, helping applicants get the USF support they needed. Steve has a B.A. from the University of Montana and an M.S. in Business Organizational Management from the University of La Verne.

Project Management



Chad Parker, MS
Project Manager, Technical Services, Managed Broadband Services

Chad is in charge of managing projects for the Managed Broadband Services technical support team. Chad has been with GCI since August 2001, originally working as the SchoolAccess Systems Manager. He has also been in the Army since 1986, and currently holds the rank of Lieutenant Colonel in the Alaska National Guard. Chad has served at all levels of command in the Army and most recently returned from a combat tour in Afghanistan. He holds specialties in Military Intelligence and Systems Automation. In addition, Chad has a Masters degree in Computer Science and is currently working on a Project Management Professional (PMP) certification.

Rebecca Markley
Project Manager, GCI

Rebecca is a professional telecommunications supervisor and project manager at GCI. She has over 5 years experience in telecommunications and 3 years experience managing 3rd Party Information systems support contracts, and project installations. Prior to joining GCI, Rebecca worked as a manager for a regional entertainment company. She has her B.S. from the University of Maryland University College with a major in Information Management Systems and is currently pursuing her MBA in Telecommunications Management from Alaska Pacific University, (projected graduation 2008).

Technical Services & Support Desk



Manuel Hernandez
Service Desk Manager, Managed Broadband Services

Manuel Hernandez focuses primarily on encouraging an environment of cooperation and enthusiasm within the service desk team while maintaining and improving customer experience, building relationships with vendors and other departments and assuring that the MBS service desk team is providing the highest level of customer satisfaction and support to all of our customers. Manuel's focus also includes service and support infrastructure providing a level of assurance that while GCI focuses on developing products and features for new clients, current customers are kept current. Manuel works closely with the project management team to assure that current support is balanced with the need to deploy new solutions. Manuel has been employed with GCI and in the IT and leadership field for more than 20 years with experience including: depot and field service technician, field service supervisor, technical support manager, and call center technical support manager. Manuel holds numerous management, administration, and technical training awards and certifications.



JR Garcia, CCVP, CCNA, Cisco IPT Operations Specialist, CIWA, Inet+, Net+, TCTA, TCTE, TCTS, AAS Computer
Video Teleconferencing Engineer, Managed Broadband Services

JR joined the MBS team as a video teleconferencing network engineer. He comes from the GCI commercial services department where he did design, implementation, and operational support for complex commercial networks utilizing voice, video, and data services. JR has extensive experience with pre and post sales support of enterprise level networks, including LAN/WAN infrastructure and secure network solutions.



Scott Hipsak, CVE, TCTMSS, TCTA, TCTE
Video Teleconferencing Engineer, Managed Broadband Services

Scott Hipsak is GCI's Video Teleconferencing Engineer. He is responsible for GCI's Video Teleconferencing network; from the cameras to the routers and network to the end user experience. Scott's responsibilities also include looking for and testing new technologies and platforms that are being developed daily, as well as making sure the old technologies work seamlessly. Scott joined GCI in May of 1999 as a second level tech support person. Within six months Scott became a network analyst working with GCI's service provider network. He has experience in most of the Cisco router and switch platforms. Scott currently

manages nine video bridges and two-hundred plus video endpoints resulting in over one million video conferencing minutes per year, as well as thousands of videoconferencing sessions.



Matt Crawford, Net+, CCNA
VTC Administrator, Managed Broadband Services

Matthew Crawford provides videoconferencing support for all Managed Broadband Service customers. Customers include schools, educational programs, health clinics, financial institutions, and the State of Alaska. Support ranges from conference scheduling to audio, video, and network troubleshooting. Matthew recently joined the videoconferencing team this summer after working on the MBS Support Desk for four years. Matthew supported servers, videoconferencing equipment, network troubleshooting, and monitoring WAN connectivity. Prior to working on the Support Desk, Matthew worked on providing dial-up and cable modem support for GCI residential customers. Matthew is Network+ and CCNA certified and has attended several training courses for Tandberg videoconferencing equipment.



Kevin Fradley
Support Desk Team Lead, Managed Broadband Services

Kevin Fradley is the main point of contact on the Support Desk team for all Managed Broadband Services customers. Kevin started at GCI as part of the Internet Support Help Desk in 2002, and transitioned to the MBS group in 2003. Bachelor's degree in Computer Science. Vendor certifications from Tandberg, Checkpoint, Microsoft, Cisco, Comptia, Sonicwall, and Novell.

GCI Managed Broadband Services Engineers



**James Krafft, A+, N+, CNE(5),
CCNA, CCNP, CCVP, CCIP
Telehealth Systems Manager,
Managed Broadband Services**

James Krafft works as a Telehealth Systems Manager for the ConnectMD platform and general network engineer for Managed Broadband Services networks. James has been in the IT field for the past seven years. James has extensive network troubleshooting experience with Cisco based networks and working with GCI managed customer networks to include, State of Alaska, several Telehealth clients and other major commercial private line customers. James has knowledge in Microsoft and Novell network operating systems, telco physical circuits and various networking hardware, such as Cisco routers, switches, firewalls and Cisco Voice over IP equipment.



**Mike Journey, JNCIA-WX and CCNA
Telehealth Systems Manager,
Managed Broadband Services**

Mike Journey joined GCI on November 1, 2004 in the position of TeleHealth Systems Manager for GCI Managed Broadband Services. In this position, Mike provides high level technical support for SchoolAccess and ConnectMD customers. Mike has been in the IT field for more than thirty years. For the past two years he specifically served healthcare and school customers, bringing a wide range of skills to the table. Mike has been a participant in and led teams that have supported, designed and implemented networks of various degrees of complexity while working in a large number of customer environments. Mike has knowledge of Microsoft operating systems and a wide range of networking hardware from various vendors including Cisco, Juniper, routers, switches, voice products, IP acceleration and firewalls.

Experience

GCI Corporate Overview

GCI (NASDAQ: GNCMA) is the largest integrated telecommunications provider in Alaska. The company was founded by two Alaskan entrepreneurs, Bob Walp and Ron Duncan, who understood that Alaskans had a great deal to gain from competition in the telecommunications arena. Founded in 1979, GCI introduced the concept of competition to the Alaskan long-distance market. Throughout the years, competition has expanded to include local phone services, cable television, Internet, distance education, videoconferencing, CME, CNE, Grand Rounds, and telehealth services. Today, Ron Duncan continues to lead GCI as it serves all major cities, all regional centers, and 150 rural villages throughout Alaska.

GCI Network

GCI is renowned as a technology leader and innovator. Our robust company-owned network is the largest in Alaska and is comprised of fiber optics, satellites, and metropolitan area network facilities. This broadband platform is the only one of its kind in Alaska and allows the company to provide customized services—such as ConnectMD, SchoolAccess, and Advantage Video—to the Alaska market. In the last 15 years, GCI has invested more than \$1 billion in the Alaska telecommunications infrastructure.

GCI owns and operates two diverse fiber routes to the lower 48, as well as an ever-growing in-state terrestrial fiber network that connects all of Alaska's major cities, including an 800-mile long fiber optic cable that follows the TransAlaska pipeline. By the end of 2008, GCI's fiber network will include a new Southeast route connecting Ketchikan, Petersburg, Wrangell, Angoon, and Sitka to Juneau.

GCI Services

GCI has made broadband Internet available in 150 of Alaska's smallest villages and to more than 90 percent of Alaska's households. GCI operates and maintains the largest Internet network in the state of Alaska and has earned the coveted Cisco Powered Network certification, ranking it in the top one percent of telecommunications providers worldwide.

GCI owns and operates cable video systems in 17 regional locations, passing more than 90 percent of the homes in Alaska. In addition to cable video programming, GCI's cable system provides high-definition TV, music channels, and pay-per-view movies and events.

GCI also offers digital local phone service (DLPS) – brand new, state-of-the-art technology that enables dial tone to be delivered over our redundant fiber optic network. By the end of 2008, the network will be expanded to allow the following communities to receive DLPS: Bethel, Cordova, Homer, Nome, North Pole, Palmer, Petersburg, Prudhoe Bay, Seward, Valdez, and Wrangell. GCI currently offers DLPS to residents in Anchorage, Chugiak, Eagle River, Fairbanks, Juneau, Kenai, Ketchikan, Kodiak, Peters Creek, Sitka, Soldotna, and Wasilla.

The Future

GCI recently announced four new ventures:

1. Purchase of United Companies, Inc: United Utilities, United-KUC, and Unicom. These companies provide local telephone service in 60 rural communities and the DeltaNet broadband microwave network. The transaction is pending state and federal regulatory approval, which is estimated for late spring, 2008.
2. Plans to secure and install a multi-standard, statewide wireless infrastructure network that will enable expanded wireless services to over 200 of the state's rural villages. The service rollout for the Bethel region will begin the fourth quarter of 2008.
3. Construction of a fiber optic cable that will connect Ketchikan, Wrangell, Petersburg, Angoon, and Sitka to Juneau. This \$30 million project is scheduled for completion in November 2008.
4. Starting December 2007 and running through June 2012, GCI is investing approximately \$100 million to construct wireless facilities throughout the terrestrially served portion of Alaska, including the cities of Anchorage, Fairbanks, and Juneau.

Alaska Experience

GCI is an Alaskan company, employing 1,302 Alaskan people. From the beginning, GCI has been a telecommunications and cable company committed to investing in, and serving the needs of, both rural and urban markets. With programs such as SchoolAccess, ConnectMD, and Advantage Video, GCI has demonstrated its commitment to rural communities by serving some of the most isolated locations in Alaska. In doing so, GCI has brought the benefits of the Internet to thousands of Alaskan elementary and secondary school students, connected hospitals and clinics to medical and behavioral diagnostic specialists throughout the state, and provided wireless broadband Internet access in the homes of many rural Alaskans.

GCI is constantly seeking to provide our customers with the services they need and want. Often, the Alaskan environment demands a unique solution to technical challenges. In northwest Alaska in 2001, GCI solved the challenge of how to deliver Internet to homes by partnering with Maniilaq Association and the local phone company, OTZ Telephone, to form Inutek. Similarly, in southwest Alaska, GCI entered into a partnership with Bristol Bay Telephone Co-op to provide broadband Internet service that is supported by local staff.

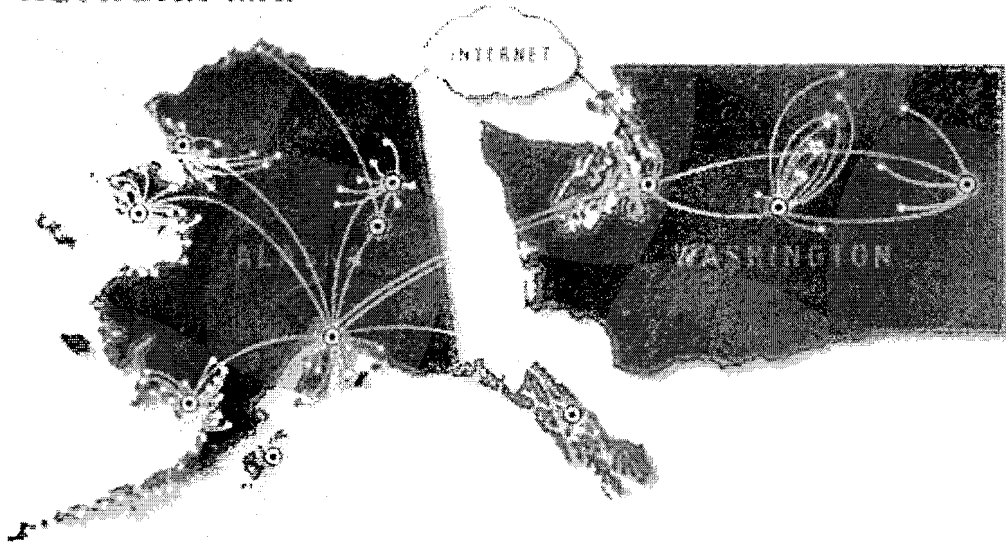
GCI also pioneered ConnectMD and SchoolAccess, two highly successful programs. Both were created to help residents in rural Alaska receive the same health and education benefits as their counterparts in other, more populated areas of the state. GCI has extensive experience providing robust, high-capacity network services to communities throughout Alaska. We have a great working relationship with our customers, and hope to build upon it in the future with YKHC as a customer.

ConnectMD Medical Network

ConnectMD is a private medical information network serving clinics, hospitals, and medical corporations that enables the secure and reliable exchange of medical data and critical health information. This service allows rural clinics to access medical expertise from resources in larger cities throughout Alaska and the lower 48 states. Currently, over 140 rural health clinics have access to the most advanced telehealth services in the world through GCI's ConnectMD program.

ConnectMD provides strong authentication, authorization, non-repudiation, and audit trail services to ensure that network services are compliant with relevant healthcare standards, regulations, and data security best practices. These services allow for the auditing of historical participant activities, but do not monitor or store actual medical data.

Members of our medical network include all sizes and types of medical institutions, from small rural clinics to specialized urban treatment centers. Below is a sample of the clinics, hospitals, and health corporations that operate on the GCI telecommunication facilities in Alaska and the lower 48.

NETWORK MAP

- Alaska Billing Service
- Alaska Native Tribal Consortium
- Alaska Island Community Services
- Alaska Psychiatric Institute
- Alaska Regional Medical Center
- Alaska Rural TeleHealth Network
- Aleutian Pribilof Island Association
- Arctic Slope Native Corporation
- Bartlett Medical Center
- Bristol Bay Area Health Corporation
- Central Peninsula General Hospital
- Council for Athabascian Tribal Governments
- Cordova Community Medical Center
- Coulee Community Hospital
- Denai'na Health Clinic
- Ferry County Memorial Hospital
- North Valley Hospital
- Odessa Hospital
- Eastern Aleutian Tribes
- Fairbanks Memorial Hospital
- Hope Community Resources
- Kodiak Community Health Center
- Maniilaq Corporation
- Norton Sound Health Corporation
- Providence Kodiak Medical Center
- Providence Seward Medical Center
- Providence Valdez Medical Center
- Providence Hospital of Anchorage
- Southcentral Foundation
- Alaska Island Health Services
- Virginia Mason Medical Center
- Lake Chelan Community Hospital
- Mid-Valley Hospital
- Okanogan Douglas County Hospital
- Yukon Kuskokwim Health Corporation, Anchorage
- Veterans Administration Hospital

Government

GCI was awarded a second multi-year contract to provide the State of Alaska with telecommunications services that include:

- Creating a State of Alaska Program Management Office to manage the delivery of services to the state and serve as the primary management interface
- Establishing a dedicated State Service Desk in Anchorage
- Monitoring and managing the state's voice, data, and video network from GCI's state-of-the-art Anchorage Customer Network Control Center
- Maintaining the state's PBX network
- Maintaining and managing the state's current VTC systems
- Coordinating the maintenance and repair of the state's stand-alone PBXs and key systems
- Supporting the state's Cisco VoIP system
- Delivering customized reporting and billing
- Providing Internet access and long distance services

Yukon Kuskokwim Delta Experience

GCI has a long history of providing service to the Yukon Kuskokwim Health Corporation and the schools and communities in the Delta region. We are looking forward to an even brighter future in the Delta with our purchase of United Utilities, Inc. (UUI). The GCI/UUI alliance intends to build upon GCI's multi-year success in expanding rural medical, educational, and residential Internet initiatives. GCI's SchoolAccess network has provided educational services and Internet access to Alaska's Lower Kuskokwim, Lower Yukon, Yupiit, and Kuspuk School Districts. On the medical side, we currently support YKHC's Anchorage-based medical and business operations, as well as your air ambulance service.

It has taken GCI years to build an experienced and highly focused management team that is familiar with the complexity of the medical technology environment and stays current with the changing technology landscape. Compared to other vendors, GCI is uniquely qualified to serve medical customers because the ConnectMD and Advantage Video management teams are the most experienced in Alaska. GCI's industry-leading teams focus on providing customers a variety of options and "the most bang for the buck."

With the addition of UUI, the GCI team can ensure that YKHC receives the most responsive and comprehensive support program to every village that YKHC serves. UUI has maintained YK-Delta local exchange facilities since 1978, satellite earth station villages in the YK Delta since 1986; it brought the new terrestrial microwave DeltaNet network online in 2006. Our goal going forward is to provide seamless and reliable service to every end-user, regardless of the location or application being utilized. In addition, UUI has an established history of providing its customers with local, reliable, trained technicians. UUI is currently the largest employer of local and native telecommunications personnel in the YK Delta. The GCI/UUI alliance combines GCI's satellite resources, statewide presence, and technical expertise with UUI's DeltaNet, local presence, and skills to serve YKHC with state-of-the-art telemedicine and telecommunications services.

By combining GCI's and UUI's logistics operations, labor pools, and skill packages, we anticipate a much faster deployment and turn-up schedule than either organization was capable of delivering in the past. A very important by-product of the training is the natural social interaction that will be fostered as GCI, UUI, and YKHC people mutually experience the satisfaction of continuous professional growth and achievement. Small problems and issues will often be solved "on the spot," before they escalate to involve key executives and managers that have received joint training. GCI believes that this level of investment in innovative training will be a key factor in making the YKHC network experiences successful for all users.

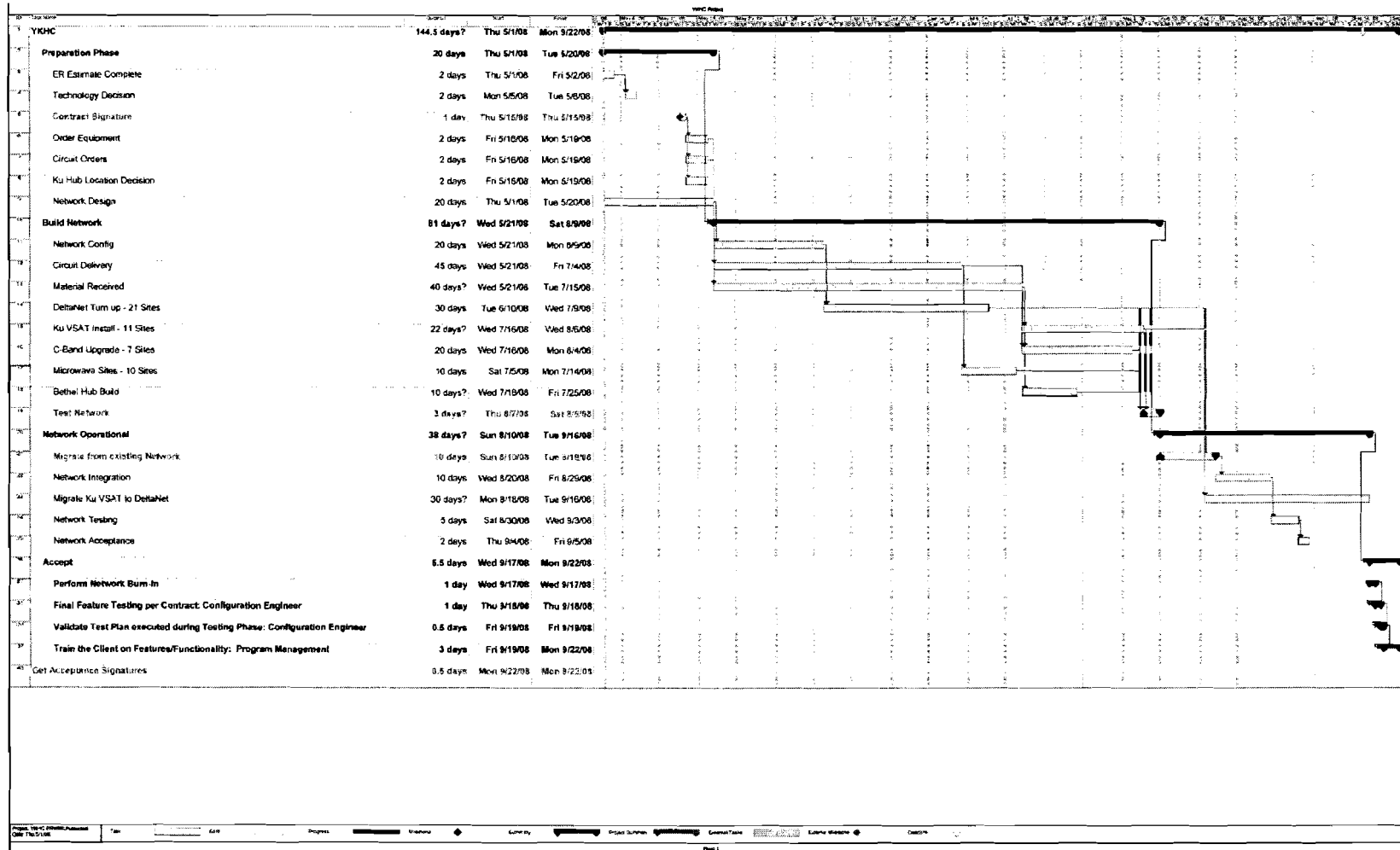
Installation and Delivery Timeline

Project Management Process

Delivering a quality service, on time, is important to both GCI and YKHC. For new services of this complexity, GCI employs a specialized project management process to ensure success during the build-out and operations phases. This project will undergo a thorough design process across the resources of GCI – Project Engineering, Internet, Radio Frequency (RF) Engineering, Facilities, Field Maintenance (FMG), Operations, and Managed Broadband Services (MBS). This structured design process involves the following steps:

- 1) Identification of YKHC's needs and any unique or necessary specific requirements/constraints.
- 2) Review and identification of any necessary additional details with customer interviews.
- 3) Assembly of a design team with representatives from Project Management, Engineering, Operations, and Managed Broadband Services.
 - a) The team creates tentative designs.
 - b) Designs that do not serve all the needed functions are eliminated.
 - c) Customer cost considerations and feedback are taken into account.
 - d) Designs are tested for feasibility in a lab setting to determine whether they are unique or have been previously deployed.
 - e) A team assembles a proposal fitting the customer requirements for presentation to the customer.
- 4) If the proposal is accepted, a project is launched within GCI with assigned project managers who are responsible for gathering the detailed list of tasks, coordinating the parties, and ensuring equipment and circuits are ordered. The Project Managers assigned to YKHC's project are **Chad Parker** and **Rebecca Markley**.
 - o Customer timeline considerations are taken into account when the implementation timeline is created.
- 5) After the project is completed, customer acceptance testing is performed to ensure that the services being delivered are consistent with the customer's expectations and provide the anticipated quality levels.
- 6) The network is then added to our Network Management System (NMS) for operational monitoring and the MBS Service Desk assumes responsibility for the daily maintenance, monitoring, and support of the network.

Installation Timeline



Service Delivery Constraints

Based upon USF Funding Year, service delivery can commence as early as July 1, 2008. There are a number of potential service delivery constraints that may affect the deployment of these services, should the timeline shift into the winter. These constraints include:

- **Space and Power** – This service requires space and power within a customer facility. The space must be sufficient for a half-cabinet of equipment inside the facility along with a potential wall penetration for equipment installation. Outside of satellite facilities, the satellite antenna requires either wall space adequate to mount a dish with a clear view of the southern sky or a flat, twelve-foot square area on the ground, adjacent to the customer location, to assemble a dish with clear view of the southern sky. Additionally, the installation requires a dedicated power outlet rated at 20 amperes.
- **YKHC Technical Support** – GCI will provide technicians to install and maintain the GCI owned equipment, but will need technical staff available from YKHC to provide testing and remote technical support of the LAN for any issues that may arise during the install. Having desktop and general LAN support staff available by telephone to help with testing and troubleshooting of network applications while the GCI staff is on site is beneficial. We recommend that a helpdesk, or support staff familiar with village LAN configurations, be available to assist in troubleshooting any issues that arise while our technicians are onsite.
- **Option Service Selection** – Depending on the optional services YKHC chooses, technical resources, or other vendors may be needed for installation and activation of new products.

Price**Out of Pocket Cost Analysis of Proposed Service****Table 4. Out of Pocket Cost Summary for Services from Villages to Bethel (hub not included)**

Transport Technology Symmetrical Speed	DeltaNet			PL Microwave		Satellite	
	1.5Mbps	3Mbps	5Mbps	1.5Mbps	3Mbps	1.5Mbps	3.0Mbps
Rural Rate	\$12,377	\$24,753	\$41,255	\$1,187	\$2,374	\$8,000	\$16,000
Urban Rate / Out of Pocket per Site	\$135	\$193	\$232	\$198	\$397	\$198	\$397
Total Out of Pocket per Transport per Month	\$405	\$3,667	\$1,160	\$397	\$2,776	\$397	\$2,776
Total Out of Pocket per Month	\$11,974						

Table 5. Out of Pocket Cost for Bethel Hub

Bethel Hub Port for WAN	
Size of Bethel Port	100Mbps
Price	\$89,237
Out of Pocket Cost	\$686

Table 6. Cost Summary Table, Villages to Bethel

YKHC Network Improvement Cost Summary	
Current Monthly Urban Rate / Out of Pocket	\$36,131
Proposed Monthly Urban Rate / Out of Pocket	\$12,660
Monthly Cost Savings	\$23,471
Annual Savings Over Current Service	\$281,653
% Savings Over Current Service	65%
% Increase in Aggregate Bandwidth	290%
Monthly Rural Rate / Retail	\$975,395

Table 7. Out of Pocket Costs Today and Proposed by Village

Community	Transport Technology	Current Bandwidth	Purchased HD VTC Units	Proposed New Bandwidth	Current Out of Pocket Cost	Proposed Out of Pocket Cost
Akiachak	Private Line Microwave	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Akiak	Private Line Microwave	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Alakanuk	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Aniak	DeltaNet	1.544Mbps/512Kbps	2	5.0Mbps/5.0Mbps	\$768	\$232
Anvik	Satellite	1.544Mbps/512Kbps	0	1.544Mbps/1.544Mbps	\$768	\$198
Atmautluak	Private Line Microwave	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Cheforak	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Chevak	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Chuathbaluk	DeltaNet	1.544Mbps/512Kbps	0	1.544Mbps/1.544Mbps	\$768	\$135
Crooked Creek	Satellite	1.544Mbps/512Kbps	0	1.544Mbps/1.544Mbps	\$768	\$198
Eek	DeltaNet	1.544Mbps/512Kbps	0	1.544Mbps/1.544Mbps	\$768	\$135
Emmonak	DeltaNet	1.544Mbps/512Kbps	2	5.0Mbps/5.0Mbps	\$768	\$232
Grayling	Satellite	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Holy Cross	Satellite	1.544Mbps/512Kbps	0	1.544Mbps/1.544Mbps	\$768	\$198
Hooper Bay	DeltaNet	1.544Mbps/512Kbps	2	5.0Mbps/5.0Mbps	\$768	\$232
Kasigluk	Private Line Microwave	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Kipnuk	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Kongiganak	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Kotlik	Satellite	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Kwethluk	Private Line Microwave	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Kwigillingok	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Lime Village	Satellite	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Lower Kalskag	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Marshall	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Mekoryuk	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Mr. Village	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Napakiak	Private Line Microwave	1.544Mbps/512Kbps	0	1.544Mbps/1.544Mbps	\$768	\$198
Napaskiak	Private Line Microwave	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Newtok	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193

Community	Transport Technology	Current Bandwidth	Purchased HD VTC Units	Proposed New Bandwidth	Current Out of Packet Cost	Proposed Out of Packet Cost
Nightmute	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Nunam Iqua	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Nunapitchuk	Private Line Microwave	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Oscarville	Private Line Microwave	1.544Mbps/512Kbps	0	1.544Mbps/1.544Mbps	\$768	\$198
Pilot Station	Satellite	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Pitka's Point	DeltaNet	1.544Mbps/512Kbps	0	1.544Mbps/1.544Mbps	\$768	\$193
Quinhagak	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Russian Mission	Satellite	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Scammon Bay	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Shageluk	Satellite	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Sleetmute	Satellite	1.544Mbps/512Kbps	0	1.544Mbps/1.544Mbps	\$768	\$198
St. Mary's	DeltaNet	1.544Mbps/512Kbps	2	5.0Mbps/5.0Mbps	\$768	\$232
Stony River	Satellite	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$397
Taksaok Bay	DeltaNet	1.544Mbps/512Kbps	2	5.0Mbps/5.0Mbps	\$768	\$232
Tuluksak	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Tuntutuliak	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Tununak	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193
Upper Kalskag	DeltaNet	1.544Mbps/512Kbps	1	3.0Mbps/3.0Mbps	\$768	\$193

ATTACHMENT R



Universal Service Administrative Company
Rural Health Care Division

Via Electronic Mail

June 24, 2010

Mr. David Hodges
Yukon-Kuskokwim Health Corporation
P.O. Box 528
Bethel, AK 99559

Re: Yukon-Kuskokwim Health Corporation: Funding Year 2008 Funding Commitments

Dear Mr. Hodges:

The Universal Service Administrative Company (USAC) is pleased to provide the enclosed Funding Commitment Letters (FCLs) for the Yukon-Kuskokwim Health Corporation (YKHC) facilities listed in Appendix A and B to this letter. For the 38 health care providers (HCP) listed in Appendix A,¹ funding commitments for each circuit will be issued in three increments.² The first increment is the period from the start of service under the contract with GCI Communications Corp. (GCI). The second funding increment begins on the date GCI upgraded the service (as discussed in more detail below). The third increment begins on the date YKHC's high definition video conferencing (VTC) equipment was installed at each site. For the ten HCPs listed in Appendix B, funding will be issued only in the first and second funding increments because those sites did not install VTC equipment or request the higher bandwidth service. As described more fully below, we have issued a separate funding commitment letter associated with each funding increment for each segment of YKHC's network.

Background

YKHC essentially requested funding in two increments: the first increment covered requested funding for the same bandwidth services as was provided under the UUI contract but was now provided by GCI on its upgraded network; the start date for the second increment was the date the full bi-directional service was started.

On June 19, 2008, YKHC submitted funding requests (FCC Form 466) for Funding Year 2008 for services received under its contract with United Utilities Inc. (UUI) for 48 of its sites.³ On

¹ The sites are designated in the Appendices by unique HCP numbers.

² Crimet Phillips Clinic (HCP 10198) will be issued in two increments because the higher bandwidth request date and equipment installation date are the same so the middle funding increment is not required.

³ Funding Commitment Letters for the UUI services were issued on August 5, 2009.

August 12, 2008, YKHC signed a contract with GCI that replaced the contract with UUI. The new contract, for the same 48 sites, allowed for upgraded services, including higher bandwidth services at some sites than was provided under the UUI contract. To obtain funding for services provided under the GCI contract, YKHC subsequently submitted two sets of funding requests. One set of requests, submitted on February 4 and 5, 2008, requested funding for the same bandwidth services as was provided under the UUI contract but was now provided by GCI. For these services, YKHC requested funding beginning on August 13, 2008. The requested funding end date for these services varied by site. The end date for some sites was August 15, 2008, resulting in a very short funding period for the initial services provided under the GCI contract. For some sites the requested end of this funding period was as late as November 20, 2008. The specific requested funding end dates for each site for the GCI transition services is the “end date” for the first funding increment for each HCP listed in Appendices A and B.

The other set of funding requests, submitted on December 5, 2008, requested funding for higher bandwidth full bi-directional services. The higher bandwidth service was requested to accommodate use of VTC equipment along with existing medical equipment.⁴ YKHC requested higher bandwidth services only for the sites obtaining VTC equipment.⁵ The requested start dates for the higher bandwidth services coincided with the end dates for the lower bandwidth services, which were as early as August 16, 2008 and as late as November 20, 2008. YKHC requested funding for all the sites to June 30, 2009, which is the end of the 2008 Funding Year.

Due to the complexity of YKHC’s funding requests and the receipt of only one bid during the competitive bidding process, USAC engaged in follow-up correspondence and conversations with YKHC and GCI to obtain additional information concerning the services requested, the medical need for the services and GCI’s proposed rates.⁶ In particular, USAC focused on YKHC’s stated need for higher bandwidth service to support high definition VTC equipment for tele-psychiatry while maintaining the capability to transmit images and data from other health care equipment and systems.⁷

⁴ Letter from YKHC to USAC, 5 (Oct. 30, 2009).

⁵ Nine of the sites are not using VTC equipment so these sites did not submit a second funding request for support for higher bandwidth services.

⁶ See Letter from Rekha Ayalur, USAC to Steve Walker, GCI (Nov. 13, 2009); Letter from Martin Cary, VP and General Manager, GCI to Rekha Ayalur (Dec. 23, 2009); Email from William England, USAC, to Martin Cary, GCI (Feb. 19, 2010, 2:08 p.m.); Letter from Martin Cary to William England (Mar. 4, 2010); Email from William England to Martin Cary (Mar. 19, 2010, 6:39 p.m.); Letter from Martin Cary to William England (Apr. 2, 2010); Letter from RHCD to Joseph Shawler, YKHC (Apr. 14, 2009); Letter from YKHC to USAC (May 4, 2009); Letter from RHCD to David Hodges, YKHC (July 31, 2009); Letter from YKHC to USAC (Oct. 30, 2009); Email from William England to David Hodges (Feb. 1, 2010); Email from William England to David Hodges (Mar. 19, 2010); Letter from YKHC to USAC (Apr. 9, 2010).

⁷ Letter from YKHC to USAC, 6 (Oct. 30, 2009).

Decision

The federal Universal Service Rural Health Care Support Mechanism provides to rural health care providers discounts for telecommunications and/or Internet services that will be used “solely for purposes reasonably related to the provision of health care”⁸ In selecting a carrier to provide discounted telecommunications and/or Internet services, health care providers must comply with the competitive bidding rules.⁹ After selecting a service provider, the health care provider is required to certify that it is selecting the “most cost effective method of providing the requested service, where the most cost-effective method of providing a service is defined as the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant. . . .”¹⁰

Following the competitive bidding process, the health care provider submits to USAC a Form 466 or Form 466-A – Funding Request and Certification Form (Funding Request). The health care provider is required to certify, among other things, that the services requested will be used solely for purposes reasonably related to the provision of health care. . . .”¹¹ After receipt of a Funding Request, USAC: (1) verifies that the health care provider met the competitive bidding requirements by selecting the most cost-effective service necessary for the provision of health care;¹² (2) determines the rural rate on which to base the discount;¹³ and (3) if all requirements are met, issues a Funding Commitment Letter.

In determining if a Funding Request complies with the rules of the Rural Health Care program, USAC verifies that the requestor is eligible to receive support¹⁴ and has certified that the requested service will be used for the provision of health care.¹⁵ In the FCC’s order establishing the certification requirement, the Commission states: “...we recognize [the] concern that some health care providers may not have the necessary internal connections or customer premises equipment to use the services requested, we are confident that those providers will seek and receive the assistance they need *before* they order services, so that they do not waste their own resources by paying even the significant urban rates for such services (emphasis added).”¹⁶

⁸ 47 C.F.R. § 54.603(b)(1)(iv).

⁹ See generally, 47 C.F.R. § 54.603.

¹⁰ 47 C.F.R. § 54.603(b)(4).

¹¹ *Id.*

¹² 47 C.F.R. § 54.603(b)(4).

¹³ 47 C.F.R. § 54.607.

¹⁴ See 47 C.F.R. § 54.601(a)(1-2) (HCPs eligible to receive support defined as any: post-secondary education institution offering health care instruction including a teaching hospital or medical school; community health center or health center providing health care to migrants; local health department or agency; community mental health center; not-for-profit hospital; rural health clinic; or consortium of health care providers consisting of one or more entities listed above.)

¹⁵ 47 C.F.R. § 54.603(b)(1)(iv).

¹⁶ *In the Matter of Federal-State Joint Board on Universal Service*, CC Docket 96-45, Report and Order, FCC 97-157, 12 FCC Rcd 8776, ¶ 727 (1997).

Based on information provided by YKHC concerning the equipment installation dates¹⁷ and the service start dates provided in the Funding Request, USAC concludes that for sites where higher bandwidth was requested to support the VTC equipment, the increased bandwidth was not necessary for the provision of health care until the VTC equipment was installed. Thus, funding for the increased bandwidth service is based on the equipment installation dates. As stated above, the FCC expects health care providers to obtain the necessary internal connections or equipment before ordering services. YKHC stated that it did not budget for or have the funds available to finance the installation costs before GCI's upgraded service was activated.¹⁸ Additionally, USAC understands that while equipment installation delay may have been caused in part by circumstances outside YKHC's control, such as onset of winter and remoteness of the health care provider sites,¹⁹ such factors are foreseeable given YKHC's location. It is reasonable to expect that YKHC would have had a plan in place such that the higher bandwidth service was not initiated until after the equipment that required the service was installed.

Therefore, after consideration and review, USAC hereby issues funding commitments as follows for the HCPs listed in Appendix A:²⁰

- *First Funding Increment:* The first funding increment is associated with the February 4, 2008 funding requests, and provides support for the period from the start of service under the GCI contract on August 13, 2008.
- *Second Funding Increment:* The second increment is designated as "new" under the packet column in Appendix A, and the start and end dates are bolded. Because the VTC equipment had not been installed at this point, support for all circuits was limited to that of a bi-directional T-1 during this second funding increment. The circuit cost for the "new" packets is half the amount of the higher bandwidth rate. However, please note that HCPs 10194 and 10198 do not require this middle funding increment because YKHC installed the VTC equipment before the higher bandwidth service was requested. Thus HCPs 10194 and 10198 will receive the higher bandwidth rate when service was upgraded to the higher bandwidth.
- *Third Funding Increment:* The third funding increment covers the higher bandwidth service associated with the funding requests submitted on December 5, 2008, and begins on the date the VTC equipment was installed.

Appendix B is only funded in increments one and two because YKHC did not submit funding requests for higher bandwidth services for eight of the sites. With respect to HCP 10207, YKHC requested increased bandwidth to 3 Mbps, however, it did not install VTC equipment at

¹⁷ Letter from YKHC to USAC (May 4, 2009).

¹⁸ Letter from YKHC to USAC, 5 (Oct. 30, 2009).

¹⁹ *Id.* at p. 10.

²⁰ USAC notes that although issuing the funding commitments described below are consistent with program rules at this time, the bandwidth requested by YKHC is not generally recognized as required to provide tele-psychiatry. *Practice Guidelines for Videoconferencing-Based Telemental Health*. Peter Yellowlees, Jay Shore, Lisa Roberts, American Telemedicine Association, 8, 14 (Oct. 2009). See also, *Evidence Based Practice for Telemental Health*, Norbert Belz, Leslie Bennett, Lisa Carnahan, et. al., American Telemedicine Association (July 2009).

Mr. David Hodges
Yukon-Kuskokwim Health Corp.
June 24, 2010
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the site. Thus funding for HCP 10207 will be at the lower (1.5 Mbps) bandwidth level.²¹ Additionally, YKHC installed VTC equipment at HCP 10196 but did not request an upgrade to higher bandwidth services.²² Thus YKHC is receiving funding for HCP 10196 at the 1.5 Mbps rate for the second increment.

If you wish to appeal this decision, you may file an appeal with the FCC. Detailed instructions for filing appeals are available at:

<http://www.usac.org/rhc/about/filing-appeals.aspx>

Sincerely,

USAC

²¹ See email from David Hodges, YKHC to USAC (June 15, 2010, 3:40 p.m.) (stating that installation at the site was delayed and the clinic eventually closed).

²² See email from USAC to David Hodges, YKHC (May 10, 2010, 3:04 p.m.) (requesting confirmation of the bandwidths and start dates).

HCP	Packet	Bandwidth Mbps	Start Date	End Date	Circuit Cost	Urban Rate	Monthly Recurring Support	Months	Estimated Support
10174	83998	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10174	New	1.544	8/16/2008	1/29/2009	\$12,376.50	\$155.00	\$12,221.50	5.46	\$66,729.39
10174	83434	3	1/30/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.06	\$124,116.74
10175	83999	1.544	8/13/2008	11/3/2008	\$1,492.51	\$768.75	\$723.76	2.71	\$1,961.39
10175	New	1.544	11/4/2008	1/19/2009	\$1,492.00	\$155.00	\$1,337.00	2.51	\$3,355.87
10175	83437	3	1/20/2009	6/30/2009	\$2,984.00	\$224.00	\$2,760.00	5.39	\$14,876.40
10177	84001	1.544	8/13/2008	10/16/2008	\$11,036.31	\$768.75	\$10,267.56	2.13	\$21,869.90
10177	New	1.544	10/17/2008	1/25/2009	\$12,376.50	\$155.00	\$12,221.50	3.29	\$40,208.74
10177	83439	3	1/26/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.19	\$127,305.51
10179	84003	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10179	New	1.544	8/16/2008	1/19/2009	\$12,376.50	\$155.00	\$12,221.50	5.13	\$62,696.30
10179	83444	3	1/20/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.39	\$132,211.31
10181	84004	1.544	8/13/2008	10/17/2008	\$11,036.31	\$768.75	\$10,267.56	2.16	\$22,177.93
10181	New	1.544	10/18/2008	1/22/2009	\$12,376.50	\$155.00	\$12,221.50	3.16	\$38,619.94
10181	83446	3	1/23/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.29	\$129,758.41
10182	84005	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10182	New	1.544	8/16/2008	9/22/2008	\$12,376.50	\$155.00	\$12,221.50	1.25	\$15,276.88
10182	83448	5	9/23/2008	6/30/2009	\$41,255.00	\$343.00	\$40,912.00	9.27	\$379,254.24
10183	84006	1.544	8/13/2008	9/23/2008	\$11,036.31	\$768.75	\$10,267.56	1.38	\$14,169.23
10183	New	1.544	9/24/2008	2/1/2009	\$12,376.50	\$155.00	\$12,221.50	4.27	\$52,185.81
10183	83452	3	2/2/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	4.96	\$121,663.84
10184	84007	1.544	8/13/2008	11/19/2008	\$11,036.31	\$768.75	\$10,267.56	3.24	\$33,266.89
10184	New	1.544	11/20/2008	1/25/2009	\$8,000.00	\$155.00	\$7,845.00	2.18	\$17,102.10
10184	83453	3	1/26/2009	6/30/2009	\$16,000.00	\$224.00	\$15,776.00	5.19	\$81,877.44
10185	84008	1.544	8/13/2008	11/10/2008	\$11,036.31	\$768.75	\$10,267.56	2.94	\$30,186.63
10185	New	1.544	11/11/2008	1/25/2009	\$12,376.50	\$155.00	\$12,221.50	2.48	\$30,309.32
10185	83454	3	1/26/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.19	\$127,305.51
10188	84011	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76

10188	New	1.544	8/16/2008	9/25/2008	\$12,376.50	\$155.00	\$12,221.50	1.35	\$16,499.03
10188	83457	5	9/26/2008	6/30/2009	\$41,255.00	\$343.00	\$40,912.00	9.17	\$375,163.04
10189	84012	1.544	8/13/2008	9/18/2008	\$1,904.02	\$768.75	\$1,135.27	1.21	\$1,373.68
10189	New	1.544	9/19/2008	1/21/2009	\$12,376.50	\$155.00	\$12,221.50	4.08	\$49,863.72
10189	83458	3	1/22/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.32	\$130,494.28
10190	84013	1.544	8/13/2008	8/22/2008	\$11,036.31	\$768.75	\$10,267.56	0.32	\$3,285.62
10190	New	1.544	8/23/2008	1/21/2009	\$12,376.50	\$155.00	\$12,221.50	4.97	\$60,740.86
10190	83459	3	1/22/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.32	\$130,494.28
10191	84014	1.544	8/13/2008	8/22/2008	\$11,036.31	\$768.75	\$10,267.56	0.32	\$3,285.62
10191	New	1.544	8/23/2008	2/1/2009	\$12,376.50	\$155.00	\$12,221.50	5.33	\$65,140.60
10191	83460	3	2/2/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	4.96	\$121,663.84
10193	84016	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10193	New	1.544	8/16/2008	1/19/2009	\$12,376.50	\$155.00	\$12,221.50	5.13	\$62,696.30
10193	83462	3	1/20/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.39	\$132,211.31
10194	84017	1.544	8/13/2008	11/10/2008	\$11,036.31	\$768.75	\$10,267.56	2.94	\$30,186.63
10194	83463	5	11/11/2008	6/30/2009	\$41,255.00	\$343.00	\$40,912.00	7.67	\$313,795.04
10195	84018	1.544	8/13/2008	11/17/2008	\$11,036.31	\$768.75	\$10,267.56	3.18	\$32,650.84
10195	New	1.544	11/18/2008	1/18/2009	\$8,000.00	\$155.00	\$7,845.00	2.01	\$15,768.45
10195	83464	3	1/19/2009	6/30/2009	\$16,000.00	\$224.00	\$15,776.00	5.42	\$85,505.92
10197	84020	1.544	8/13/2008	11/12/2008	\$11,036.31	\$768.75	\$10,267.56	3.01	\$30,905.36
10197	New	1.544	11/13/2008	6/4/2009	\$12,376.50	\$155.00	\$12,221.50	6.73	\$82,250.70
10197	83466	5	6/5/2009	6/30/2009	\$41,255.00	\$343.00	\$40,912.00	0.87	\$35,593.44
10198	84021	1.544	8/13/2008	1/21/2009	\$11,036.31	\$768.75	\$10,267.56	5.29	\$54,315.39
10198	83467	3	1/22/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.32	\$130,494.28
10199	84022	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10199	New	1.544	8/16/2008	1/21/2009	\$12,376.50	\$155.00	\$12,221.50	5.20	\$63,551.80
10199	83468	3	1/22/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.32	\$130,494.28
10200	84023	1.544	8/13/2008	10/21/2008	\$1,567.33	\$768.75	\$798.58	2.29	\$1,828.75
10200	New	1.544	10/22/2008	1/19/2009	\$1,567.00	\$155.00	\$1,412.00	2.93	\$4,137.16
10200	83469	3	1/20/2009	6/30/2009	\$3,134.00	\$224.00	\$2,910.00	5.39	\$15,684.90

10201	84024	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10201	New	1.544	8/16/2008	1/25/2009	\$12,376.50	\$155.00	\$12,221.50	5.33	\$65,140.60
10201	83470	3	1/26/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.19	\$127,305.51
10203	84025	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10203	New	1.544	8/16/2008	1/27/2009	\$12,376.50	\$155.00	\$12,221.50	5.39	\$65,873.89
10203	83471	3	1/28/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.13	\$125,833.77
10204	84026	1.544	8/13/2008	11/10/2008	\$11,036.31	\$768.75	\$10,267.56	2.94	\$30,186.63
10204	New	1.544	11/11/2008	1/25/2009	\$8,000.00	\$155.00	\$7,845.00	2.48	\$19,455.60
10204	83472	3	1/26/2009	6/30/2009	\$16,000.00	\$224.00	\$15,776.00	5.19	\$81,877.44
10205	84027	1.544	8/13/2008	10/21/2008	\$1,006.18	\$768.75	\$237.43	2.29	\$543.71
10205	New	1.544	10/22/2008	1/21/2009	\$1,006.00	\$155.00	\$851.00	3.00	\$2,553.00
10205	83473	3	1/22/2009	6/30/2009	\$2,012.00	\$224.00	\$1,788.00	5.32	\$9,512.16
10206	84028	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10206	New	1.544	8/16/2008	1/27/2009	\$12,376.50	\$155.00	\$12,221.50	5.39	\$65,873.89
10206	83474	3	1/28/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.13	\$125,833.77
10208	84035	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10208	New	1.544	8/16/2008	1/18/2009	\$12,376.50	\$155.00	\$12,221.50	5.10	\$62,329.65
10208	83477	3	1/19/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.42	\$132,947.18
10209	84037	1.544	8/13/2008	9/17/2008	\$11,036.31	\$768.75	\$10,267.56	1.18	\$12,115.72
10209	New	1.544	9/18/2008	1/28/2009	\$12,376.50	\$155.00	\$12,221.50	4.33	\$52,919.10
10209	83478	3	1/29/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.10	\$125,097.90
10210	84038	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10210	New	1.544	8/16/2008	1/25/2009	\$12,376.50	\$155.00	\$12,221.50	5.33	\$65,140.60
10210	83479	3	1/26/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.19	\$127,305.51
10211	84040	1.544	8/13/2008	10/16/2008	\$1,081.00	\$768.75	\$312.25	2.13	\$665.09
10211	New	1.544	10/17/2008	2/1/2009	\$1,081.00	\$155.00	\$926.00	3.52	\$3,259.52
10211	83480	3	2/2/2009	6/30/2009	\$2,162.00	\$224.00	\$1,938.00	4.96	\$9,612.48
10212	84042	1.544	8/13/2008	8/22/2008	\$1,700.13	\$768.75	\$931.38	0.32	\$298.04
10212	New	1.544	8/23/2008	1/21/2009	\$12,376.50	\$155.00	\$12,221.50	4.97	\$60,740.86
10212	83481	3	1/22/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.32	\$130,494.28

10213	84043	1.544	8/13/2008	11/10/2008	\$11,036.31	\$768.75	\$10,267.56	2.94	\$30,186.63
10213	New	1.544	11/11/2008	1/25/2009	\$12,376.50	\$155.00	\$12,221.50	2.48	\$30,309.32
10213	83482	3	1/26/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.19	\$127,305.51
10214	84044	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10214	New	1.544	8/16/2008	9/15/2008	\$12,376.50	\$155.00	\$12,221.50	1.02	\$12,465.93
10214	83483	5	9/16/2008	6/30/2009	\$41,255.00	\$343.00	\$40,912.00	9.50	\$388,664.00
10216	84046	1.544	8/13/2008	10/21/2008	\$1,268.05	\$768.75	\$499.30	2.29	\$1,143.40
10216	New	1.544	10/22/2008	1/20/2009	\$1,268.00	\$155.00	\$1,113.00	2.97	\$3,305.61
10216	83485	3	1/21/2009	6/30/2009	\$2,536.00	\$224.00	\$2,312.00	5.35	\$12,369.20
10217	80552	T1 PL	7/1/2008	6/30/2009	\$8,442.00	\$198.30	\$8,243.70	12.00	\$98,924.40
10217	80553	T1 PL	7/1/2008	6/30/2009	\$8,442.00	\$198.30	\$8,243.70	12.00	\$98,924.40
10217	80554	T1 PL	7/1/2008	6/30/2009	\$8,442.00	\$198.30	\$8,243.70	12.00	\$98,924.40
10217	80555	T1 PL	7/1/2008	6/30/2009	\$8,442.00	\$198.30	\$8,243.70	12.00	\$98,924.40
10217	80556	T1 PL	7/1/2008	6/30/2009	\$8,442.00	\$198.30	\$8,243.70	12.00	\$98,924.40
10217	80557	7.5 Internet	7/1/2008	6/30/2009	\$4,125.00		\$1,031.25	12.00	\$12,375.00
10217	NA	1.544	8/13/2008	(Only on GCI spreadsheet - no corresponding Form 466)					
10217	83486	100	8/16/2008	6/30/2009	\$90,761.00	\$784.00	\$89,977.00	10.52	\$946,558.04
10218	84047	1.544	8/13/2008	8/15/2008	\$11,036.31	\$768.75	\$10,267.56	0.10	\$1,026.76
10218	New	1.544	8/16/2008	1/25/2009	\$12,376.50	\$155.00	\$12,221.50	5.33	\$65,140.60
10218	83487	3	1/26/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.19	\$127,305.51
10219	84049	1.544	8/13/2008	11/10/2008	\$11,036.31	\$768.75	\$10,267.56	2.94	\$30,186.63
10219	New	1.544	11/11/2008	1/27/2009	\$12,376.50	\$155.00	\$12,221.50	2.54	\$31,042.61
10219	83488	3	1/28/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.13	\$125,833.77
10222	84053	1.544	8/13/2008	10/20/2008	\$819.13	\$768.75	\$50.38	2.26	\$113.86
10222	New	1.544	10/21/2008	1/18/2009	\$819.00	\$155.00	\$664.00	2.93	\$1,945.52
10222	83491	3	1/19/2009	6/30/2009	\$1,638.00	\$224.00	\$1,414.00	5.42	\$7,663.88
10223	84054	1.544	8/13/2008	9/17/2008	\$11,036.31	\$768.75	\$10,267.56	1.18	\$12,115.72
10223	New	1.544	9/18/2008	1/29/2009	\$12,376.50	\$155.00	\$12,221.50	4.37	\$53,407.96
10223	83492	3	1/30/2009	6/30/2009	\$24,753.00	\$224.00	\$24,529.00	5.06	\$124,116.74

Total \$8,023,001.92

HCP	Packet	Bandwidth Mbps	Start Date	End Date	Circuit Cost	Urban Rate	Monthly Recurring Support	Months	Estimated Support
10176	84000	1.544	8/13/2008	8/13/2008	\$819.13	\$768.75	\$50.38	0.03	\$1.51
10176	83438	1.5	8/14/2008	6/30/2009	\$819.00	\$155.00	\$664.00	10.58	\$7,025.12
10178	84002	1.544	8/13/2008	8/13/2008	\$11,036.31	\$768.75	\$10,267.56	0.03	\$308.03
10178	83443	1.5	8/14/2008	6/30/2009	\$12,377.00	\$155.00	\$12,222.00	10.58	\$129,308.76
10186	84009	1.544	8/13/2008	11/17/2008	\$11,036.31	\$768.75	\$10,267.56	3.18	\$32,650.84
10186	83455	1.5	11/18/2008	6/30/2009	\$8,000.00	\$155.00	\$7,845.00	7.43	\$58,288.35
10187	84010	1.544	8/13/2008	11/20/2008	\$11,036.31	\$768.75	\$10,267.56	3.28	\$33,677.60
10187	83456	1.5	11/21/2008	6/30/2009	\$8,000.00	\$155.00	\$7,845.00	7.33	\$57,503.85
10192	84015	1.544	8/13/2008	11/19/2008	\$11,036.31	\$768.75	\$10,267.56	3.24	\$33,266.89
10192	83461	1.5	11/20/2008	6/30/2009	\$8,000.00	\$155.00	\$7,845.00	7.37	\$57,817.65
10196	84019	1.544	8/13/2008	11/14/2008	\$11,036.31	\$768.75	\$10,267.56	3.08	\$31,624.08
10196	83465	1.5	11/15/2008	6/30/2009	\$12,377.00	\$155.00	\$12,222.00	7.53	\$92,031.66
10207	84033	1.544	8/13/2008	11/5/2008	\$11,036.31	\$768.75	\$10,267.56	2.78	\$28,543.82
10207	83476	1.5	11/6/2008	6/30/2009	\$8,000.00	\$155.00	\$7,845.00	7.83	\$61,426.35
10215	84045	1.544	8/13/2008	11/14/2008	\$11,036.31	\$768.75	\$10,267.56	3.08	\$31,624.08
10215	83484	1.5	11/15/2008	6/30/2009	\$8,000.00	\$155.00	\$7,845.00	7.53	\$59,072.85
10220	84050	1.544	8/13/2008	8/13/2008	\$11,036.31	\$768.75	\$10,267.56	0.03	\$308.03
10220	83489	1.5	8/14/2008	6/30/2009	\$12,377.00	\$155.00	\$12,222.00	10.58	\$129,308.76
10221	84052	1.544	8/13/2008	8/13/2008	\$931.36	\$768.75	\$162.61	0.03	\$4.88
10221	83490	1.5	8/14/2008	6/30/2009	\$931.00	\$155.00	\$776.00	10.58	\$8,210.08

Total **\$852,003.19**